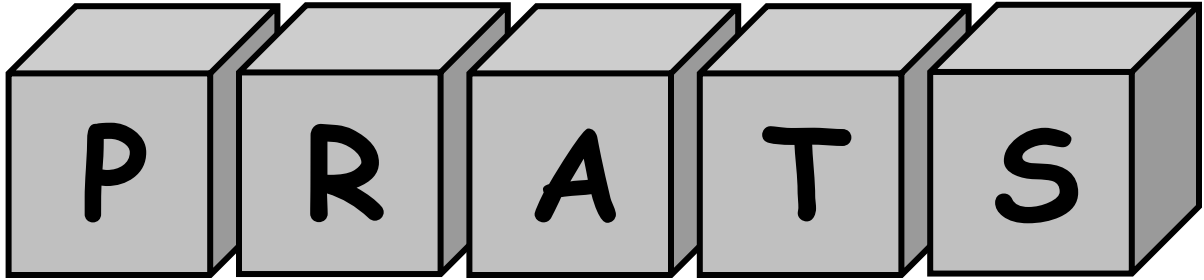


Pregnancy Risk Assessment Tracking System

1999 Survey

Bureau of Vital Records and Health Statistics
Division of Health
Idaho Department of Health and Welfare

**A Survey of The Health of Mothers and Babies
in Idaho**



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ACKNOWLEDGMENTS

The Idaho PRATS team would like to thank those mothers who generously took the time to complete the survey. Their information, which is summarized in this report, will provide invaluable insight into the experiences and health issues faced by Idaho mothers.

The Idaho PRATS team would like to thank the Centers for Disease Control and Prevention (CDC) PRAMS team and participating PRAMS states for generously sharing their survey methods, materials, and expertise.

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For more details about PRATS or any of the results, please contact the Bureau of Vital Records and Health Statistics, Division of Health, Idaho Department of Health and Welfare at (208) 334-5992.

TABLE OF CONTENTS

	Page
Overview of Survey	1-6
Introduction	1
The sample	1-2
Survey methods.....	2-3
Eligibility rates, refusal rates, and response rates.....	3-4
Completion rates by survey phase	5
Weighting the data.....	5
Interpreting the results.....	6
PRATS 1999: Main Findings	7-10
Intendedness of Pregnancy.....	11-21
When mother intended to become pregnant	11
Intendedness of pregnancy:	
By mother's ethnicity.....	12
By mother's age.....	13
By mother's education	14
By marital status	15
By payment source for delivery	16
By live birth order.....	17
By birth control use.....	18
By mother's tobacco use during pregnancy	19
By mother's timing of entry into prenatal care	20
By infant birth weight	21
Household Income and Health Insurance	23-30
Household income during 12-month period before pregnancy:	
All mothers.....	23
By mother's ethnicity.....	24
By marital status	25
Insurance status (excluding Medicaid) just before becoming pregnant:	
All mothers.....	26
By mother's ethnicity.....	27
By marital status	28
Medicaid utilization prior to and during pregnancy	29
Insurance status by household income	30
Prenatal Care	31-34
Prenatal care received as early as mother desired	31
Barriers to receiving early prenatal care.....	32
Where women go for prenatal care	33
Topics discussed during prenatal care visits	34
Maternal Health and Nutrition.....	35-42
WIC participation by mother's ethnicity	35
Vitamin supplement use:	
By mother's ethnicity	36
By intendedness of pregnancy	37
Knowledge about the benefits of taking folic acid by mother's ethnicity	38

Pre-pregnancy body mass index (BMI)	39
Weight gain during pregnancy	40
Expected weight gain during pregnancy by mother's pre-pregnancy BMI	41
Prevalence of preterm delivery by mother's pre-pregnancy BMI	42
Tobacco and Alcohol Use.....	43-50
Perinatal tobacco use:	
All mothers.....	43
By mother's ethnicity.....	44
By mother's age.....	45
By mother's education	46
By poverty status	47
Risk of having a small-for-gestational age infant by mother's smoking behavior.....	48
Alcohol consumption before pregnancy	49
Alcohol consumption during pregnancy.....	50
Breastfeeding.....	51-56
Mothers who breastfed their new baby:	
All mothers.....	51
By mother's ethnicity.....	52
By mother's age.....	53
By mother's education	54
By marital status	55
By mother's household income	56
Physical Abuse	57-61
Mothers who were physically abused by when abuse occurred	57
Mothers who were physically abused before pregnancy:	
By mother's age.....	58
By mother's education	59
By marital status	60
Discussion about physical abuse during prenatal care	61
Infant Health and Safety.....	63-68
Utilization of neonatal intensive care units (NICU)	63
Infant car seat use (from hospital to home).....	64
Infant sleep position.....	65
Infant's daily exposure to environmental tobacco smoke.....	66
Having baby's immunizations up-to-date by intendedness of pregnancy	67
Reasons for NOT having baby's immunizations up-to-date	68
Questionnaire and Results	69-72
Appendix	73

OVERVIEW OF SURVEY

OVERVIEW OF SURVEY

Introduction

The Pregnancy Risk Assessment Tracking System (PRATS) is a survey of new mothers in Idaho, conducted by the Bureau of Vital Records and Health Statistics. PRATS was modeled after the Centers for Disease Control and Prevention's (CDC) Pregnancy Risk Assessment Monitoring System (PRAMS), a cooperative program that began in 1987, between selected states and the CDC.

The purpose of PRATS is to establish a population-based tracking system to identify selected maternal experiences and behaviors before, during, and after pregnancy which may affect pregnancy outcomes and infant health. PRATS data are meant to supplement information from vital records and to generate data for planning and assessing perinatal health programs in Idaho.

PRATS provides information about the intendedness of pregnancy, timing of initiation and spacing of prenatal care visits, content of prenatal care, barriers to services, prevalence of physical abuse of pregnant women, breastfeeding patterns, and many other important perinatal issues.

The privacy and confidentiality of mothers who took part in PRATS is a high priority; therefore, no identifying information about a specific respondent will appear in any report. Results are published using only state-level estimates.

The Sample

The study population for PRATS included Idaho resident women 18 years of age or older (at the time of delivery) who had a live birth which occurred in-state. The sampling frame included mothers who gave birth between October 1, 1998 and March 31, 1999. During the survey period, infants were between 3 and 10 months of age.

Certain records were automatically excluded from the sampling frame, including records of mothers less than 18 years of age at the time of delivery, adopted infants, and infants who had died. Idaho resident mothers who delivered in another state were excluded from the sampling frame. In addition, if there was a multiple birth (twin, triplet, etc.), only the firstborn infant was included in the sampling frame.

The sample design of PRATS was based on stratified systematic random sampling methods designed to ensure representation of selected groups of women. There were four strata: high-risk mothers with a low birth weight live birth (< 2,500 grams), high-risk mothers with a normal birth weight live birth (at least 2,500 grams), low-risk mothers with a low birth weight live birth, and low-risk mothers with a normal birth weight live birth.

Women who had one or more of the following selected characteristics were considered high risk: not married, Hispanic, American Indian, low education attainment for age, Medicaid-paid delivery, smoked during pregnancy, and began prenatal care after the first trimester. Women in each of the four strata had a different probability of being selected. Records were sampled using the following sampling fractions:

Idaho PRATS
Sampling Fraction by Sampling Stratum
1999

SAMPLING STRATUM	SAMPLING FRAME	SAMPLE	SAMPLING FRACTION
TOTAL	8,373	1,985	NA
High-risk AND low birth weight	323	323	1
High-risk AND normal birth weight	5,205	1,012	1 in 5
Low-risk AND low birth weight	64	64	1
Low-risk AND normal birth weight	2,781	586	1 in 5

Survey Methods

Between June 1999 and August 1999, 1,985 new mothers from across the state of Idaho, selected by stratified systematic random sampling, were mailed an introductory letter requesting their participation in the PRATS survey. The introduction letter explained the purpose of the survey and provided a toll-free number to call for more information or to request

a telephone interview. The mothers were also given the opportunity to decline participation by sending back the bottom section of the letter.

Approximately two weeks after the introductory letter was mailed, a full questionnaire packet was sent. Hispanic mothers were mailed both an English and Spanish version of the survey. In order to give women every opportunity to complete the questionnaire, up to two more survey packets were mailed out during the course of a two-month period. Women were able to elect to complete the survey over the telephone with an experienced interviewer (English or Spanish). For women who did not respond, attempts were made to contact them by telephone. This survey strategy had been tested by the CDC PRAMS project and has proved to be very successful in achieving high response rates and obtaining valuable information about the health of mothers and babies.

Eligibility Rates, Refusal Rates, and Response Rates

After the 1,985 introduction letters were mailed, 1,952 women were identified as eligible for the survey, or 98.3 percent. The total eligible sample was defined as the total sample minus the mothers excluded before the first mailing due to one of the following reasons: mother indicated that she did not want to participate and, therefore, never received a survey packet, baby died, or baby was given up for adoption. The overall refusal rate was 2.7 percent, computed as the number of women who refused the survey during the mail or telephone phase divided by the eligible sample.

The CDC requires a response rate of 70 percent in a stratum before the data are considered statistically reliable. The overall response rate was 78.1 percent, computed as the number of completed surveys divided by the total eligible sample (see following table). The response rates varied by sampling stratum. The stratum of low-risk mothers who had a low birth weight baby had the highest response rate of 90.6 percent. The strata of high-risk mothers who had a low birth weight baby had the lowest response rate of 70.8 percent.

Idaho PRATS
Eligibility Rates, Refusal Rates, and Response Rates
By Sampling Stratum
1999

SAMPLING STRATUM	TOTAL SAMPLE	ELIGIBILITY RATE (and number)	REFUSAL RATE (and number)	RESPONSE RATE (and number)
TOTAL	1,985	98.3% (1,952)	2.7% (52)	78.1% (1,525)
High-risk AND low birth weight	323	97.5% (315)	NA	70.8% (223)
High-risk AND normal birth weight	1,012	98.1% (993)	NA	72.8% (723)
Low-risk AND low birth weight	64	100.0% (64)	NA	90.6% (58)
Low-risk AND normal birth weight	586	99.0% (580)	NA	89.8% (521)

Completion Rates by Survey Phase

Of the 1,525 completed surveys, 89.8 percent were completed by mail (paper-pencil) and 10.2 percent were completed by telephone (see following table). The first mailing had the highest return, accounting for 64.9 percent of all completed surveys. Returns from the second mailing accounted for 16.4 percent of completed surveys, and the third mailing accounted for 8.5 percent of completed surveys. The telephone phase, accounting for 10.2 percent of completed surveys, was an important tool for reaching women with low education, low income, younger age, transient, and/or Spanish speaking.

Idaho PRATS
Percent Distribution of Completed Surveys
By Survey Phase
1999

SURVEY PHASE	NUMBER COMPLETED	PERCENT COMPLETED
TOTAL	1,525	100.0%
Mail phase	1,370	89.8%
Mailing 1	990	64.9%
Mailing 2	250	16.4%
Mailing 3	130	8.5%
Telephone phase	155	10.2%

Weighting the Data

The data presented in this report were weighted to adjust for the stratified sampling design and response differentials based on mother's marital status, education attainment, and trimester of entry into prenatal care. Weighting is required when analyzing survey data in order to produce unbiased estimates. Therefore, each respondent was given an analysis weight to adjust for the sampling design and non-response.

Using the Data in This Report

This report is divided into eight main topic areas: intendedness of pregnancy, household income and health insurance, prenatal care, maternal health and nutrition, tobacco and alcohol use, breastfeeding, physical abuse, and infant health and safety. An additional section, “PRATS 1999: Main Findings”, highlights significant findings from the linked PRATS and birth certificate data file. The last section of the report provides the survey questionnaire and the results for each question.

The data presented in this report are basic descriptive and cross-tabulation statistics displayed in graphs and narrative form. Although specific point estimates are provided (proportions and means), it is important to keep in mind that the data are affected by sampling variability and random error. Standard errors were not included in this report but are available upon request. Proportions and means presented in this report were always based on at least 20 observations (not weighted).

Another important issue to keep in mind when interpreting the results in this report is that data from PRATS are representative of Idaho resident adult mothers who had a live birth in Idaho between October 1, 1998, and March 31, 1999. Even though the data do not reflect the experiences of women whose babies died or were given up for adoption, much of the PRATS data are not available from other sources and, therefore, provide unique insight into maternal and infant health issues in Idaho.

MAIN FINDINGS

PRATS 1999: MAIN FINDINGS

Unintended Pregnancies: Idaho Resident Adult Mothers

- Over one-third (37.5 percent) of Idaho resident adult mothers reported that their pregnancy was unintended at the time of conception: 29.0 percent wanted to be pregnant later, and 8.5 percent never wanted to be pregnant.
- Among Idaho resident adult mothers with an unintended pregnancy, 52.7 percent reported that they were not using birth control at the time of conception; the remaining mothers (47.3 percent) reported that they were, in fact, using some form of birth control at the time of conception.
- Two-thirds (63.3 percent) of mothers 18-19 years of age indicated that their pregnancy was unintended at the time of conception; this age-group represented 13.3 percent of all unintended pregnancies among Idaho resident adult mothers.
- Regardless of marital status, women 18-19 years of age were twice as likely to have an unintended pregnancy, compared with women 20 years of age and older.
- Women 20 years of age and older who were NOT married were 2.3 times more likely to have an unintended pregnancy, compared with women 20 years of age and older who were married.
- Women who had an unintended pregnancy were:
 - Less likely to have taken vitamins just before and during pregnancy,
 - More likely to have smoked just before and during pregnancy,
 - Less likely to initiate prenatal care in the first trimester, and
 - Less likely to have their new baby's immunizations up-to-date (at the time of the survey).
- Among mothers who reported that Medicaid paid for the delivery of their new baby, 54.5 percent indicated that their pregnancy was unintended at the time of conception.
- In FY 1999, the average annual expenditures for the Medicaid-funded Pregnant Women and Children (PWC) Program was \$4,411 per woman (Facts/Figures/Trends 1999-2000, IDHW).

PRATS 1999: MAIN FINDINGS (continued)

Access to Health Insurance: Idaho Resident Adult Mothers

- More than 1 of 3 (36.2 percent) Idaho resident adult mothers did NOT have health insurance at the time just before becoming pregnant (excluding Medicaid).
- Two-thirds (65.8 percent) of Hispanic adult mothers did NOT have health insurance at the time just before becoming pregnant (excluding Medicaid). Among U.S.-born Hispanic adult mothers (48.1 percent of all Hispanic mothers), 52.6 percent were uninsured. Among foreign-born Hispanic mothers (51.9 percent of all Hispanic mothers), 78.0 percent were uninsured.
- Among Idaho resident adult mothers with an annual household income of less than \$15,000 (28.3 percent of all mothers), 73.5 percent were uninsured. Among Idaho resident adult mothers with an annual household income of \$35,000 or more (35.4 percent of all mothers), 5.2 percent were uninsured.
- The relative risk of being uninsured just before pregnancy (excluding Medicaid) was two times higher for unmarried mothers than for married mothers; 71.3 percent and 31.1 percent, respectively.

Prenatal Care: Idaho Resident Adult Mothers

- Among mothers who received prenatal care, 15.7 percent reported that they did NOT receive care as early in their pregnancy as they wanted. The following reasons were most frequently given for not receiving prenatal care as early as they wanted:
 - I couldn't get an appointment earlier in pregnancy,
 - I didn't know that I was pregnant,
 - Provider told me to start care later in my pregnancy, and
 - I was told to wait until had enough money to pay.

Maternal Health and Nutrition: Idaho Resident Adult Mothers

- One-third of mothers (33.8 percent) participated in the WIC Program (Supplemental Nutrition Program for Women, Infants, and Children) during their pregnancy.
- High participation in WIC among Hispanic mothers (69.7 percent).
- For Hispanic mothers, participation in WIC varied significantly by mother's place of birth (proxy for legal status): 61.9 percent of U.S.-born Hispanic mothers, and 76.8 percent of Hispanic mothers (foreign born) participated in WIC.

PRATS 1999: MAIN FINDINGS (continued)

Maternal Health and Nutrition: Idaho Resident Adult Mothers (continued)

- Based on the Body Mass Index, 1 of 3 mothers were overweight or obese just before becoming pregnant (31.9 percent).
- One of 6 mothers were underweight just before becoming pregnant (16.4 percent).
- Mothers who were either underweight or overweight/obese before pregnancy were at an increased risk for delivering preterm (< 37 weeks gestation); compared with mothers who were normal weight before pregnancy.
Percent preterm delivery by mother's pre-pregnancy BMI classification:
 - Underweight: 11.7 percent preterm,
 - Normal weight: 4.7 percent preterm, and
 - Overweight/obese: 8.5 percent preterm.

Tobacco Use: Idaho Resident Adult Mothers

- During the 3-month period prior to pregnancy, 1 of 4 mothers smoked (23.6 percent).
- During the last 3-months of pregnancy, 12.2 percent of mothers smoked.
- At time of the survey, 18.4 percent of mothers smoked
- Younger women were at higher risk for smoking before, during, and after pregnancy: 45.4 percent of women 18-19 years of age smoked during the three months before pregnancy, 3 times higher rate than for women 25-34 years of age.
- Older women who smoked before pregnancy, however, were less likely to have quit smoking by the last 3 months of pregnancy.
- One of three mothers (32.1 percent) with low education attainment for their age smoked during the last 3 months of pregnancy, 6.8 times higher rate than for mothers with high education attainment for age (4.7 percent).
- Among mothers who smoked before pregnancy, mothers with less education were less likely to quit smoking during pregnancy, compared with mothers with average or high education attainment for age.
- Poverty was a significant risk factor for tobacco use.

PRATS 1999: MAIN FINDINGS (continued)

Physical Abuse: Idaho Resident Adult Mothers

- During the 12 months before pregnancy, 5.6 percent of mothers reported that they were physically abused. Of these mothers, 41.5 percent were either talked to or given information about physical abuse during prenatal care visit(s).
- During pregnancy, 4.2 percent of mothers reported that they were physically abused. Of these mothers, 36.2 percent were either talked to or given information about physical abuse during prenatal care visit(s).
- Women 18-24 years of age had a higher incidence of physical abuse during the 12 months before pregnancy (7.1 percent), compared with women 25 years of age or older (4.5 percent).
- Unmarried women had a higher incidence of physical abuse during the 12 months before pregnancy (12.8 percent), compared with married women (3.9 percent).

Infant Sleep Position: Practices Among Idaho Resident Adult Mothers

- Since 1992, the American Academy of Pediatrics has recommended that infants be put down to sleep on their backs to reduce the risk of Sudden Infant Death Syndrome (SIDS). When mothers were asked how they put their baby down to sleep most of the time, they reported:
 - Back (63.2 percent),
 - Side (28.4 percent), and
 - Stomach (8.4 percent).

Up-to-Date Immunizations: Idaho Resident Adult Mothers

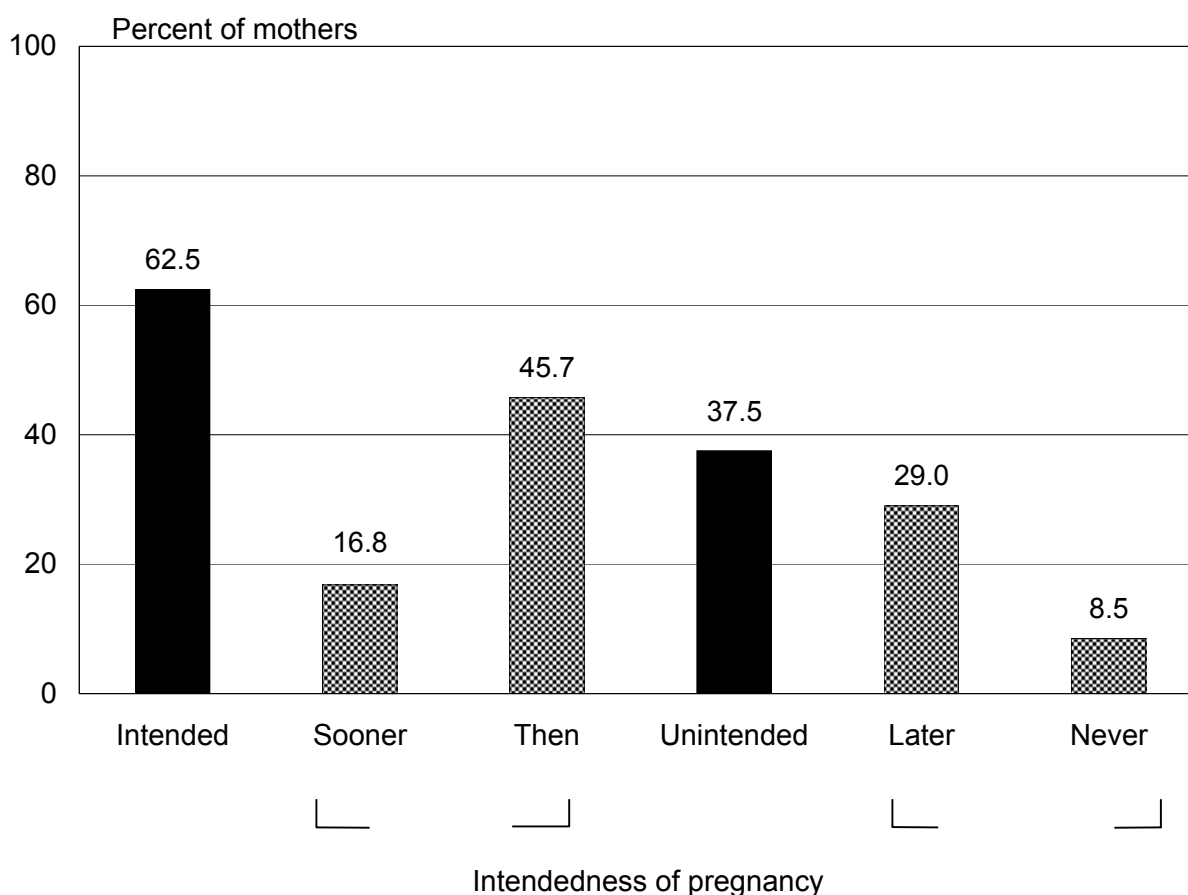
- One in 9 (10.6 percent) mothers reported that their baby's immunizations were NOT up-to-date at the time of the survey.
- Women who indicated that they had not wanted to be pregnant then or at any time in the future were 1.6 times more likely to have reported that their baby's immunizations were NOT up-to-date (17.4 percent).

INTENDEDNESS OF PREGNANCY

Idaho PRATS

When Mother Intended to Become Pregnant

1999



Summary

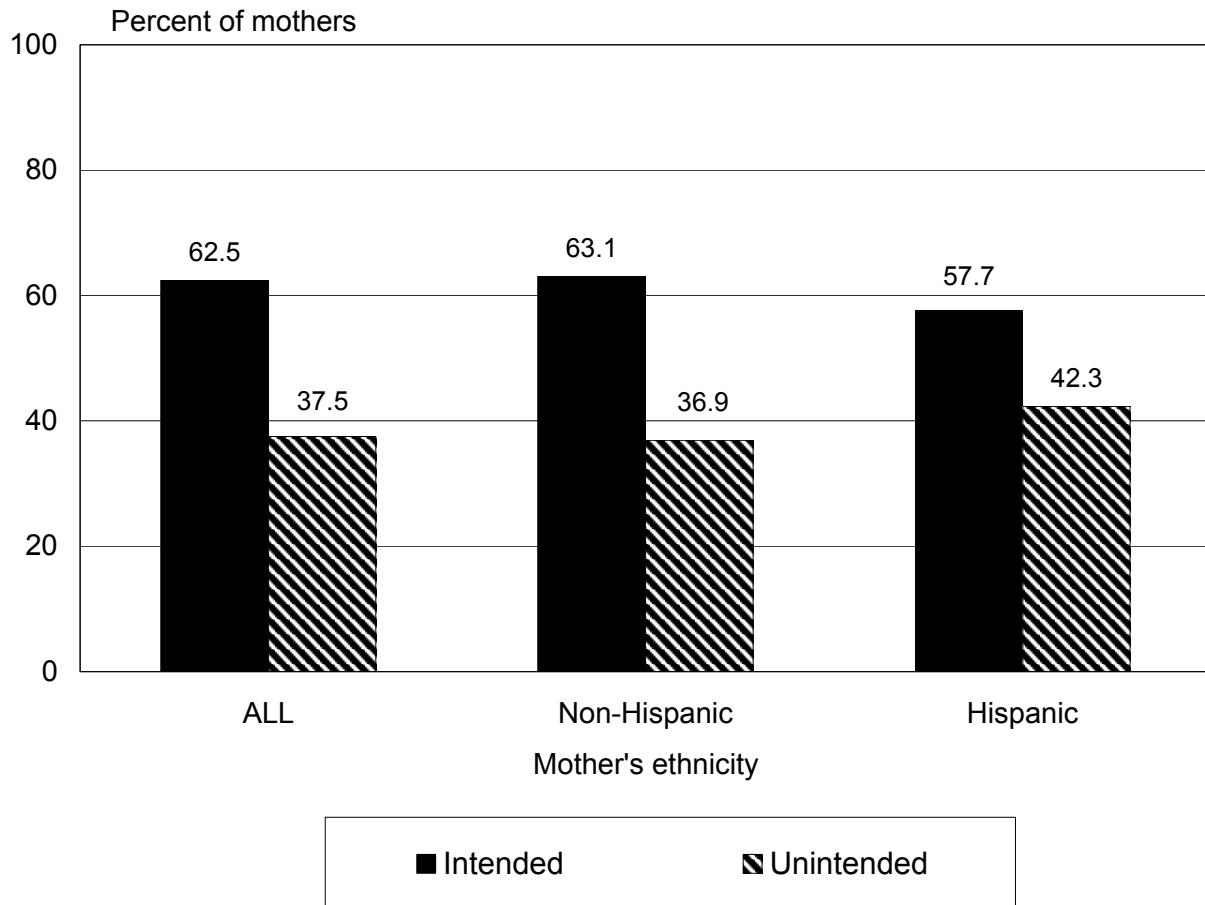
Over one-third (37.5 percent) of Idaho resident adult mothers indicated that their pregnancy was unintended at the time of conception: either they wanted to become pregnant later (29.0 percent) or they did not want to become pregnant then or at any time in the future (8.5 percent). The majority of mothers (62.5 percent) indicated that they intended to become pregnant then (45.7 percent) or sooner (16.8 percent).

Idaho PRATS

Intendedness of Pregnancy

By Mother's Ethnicity

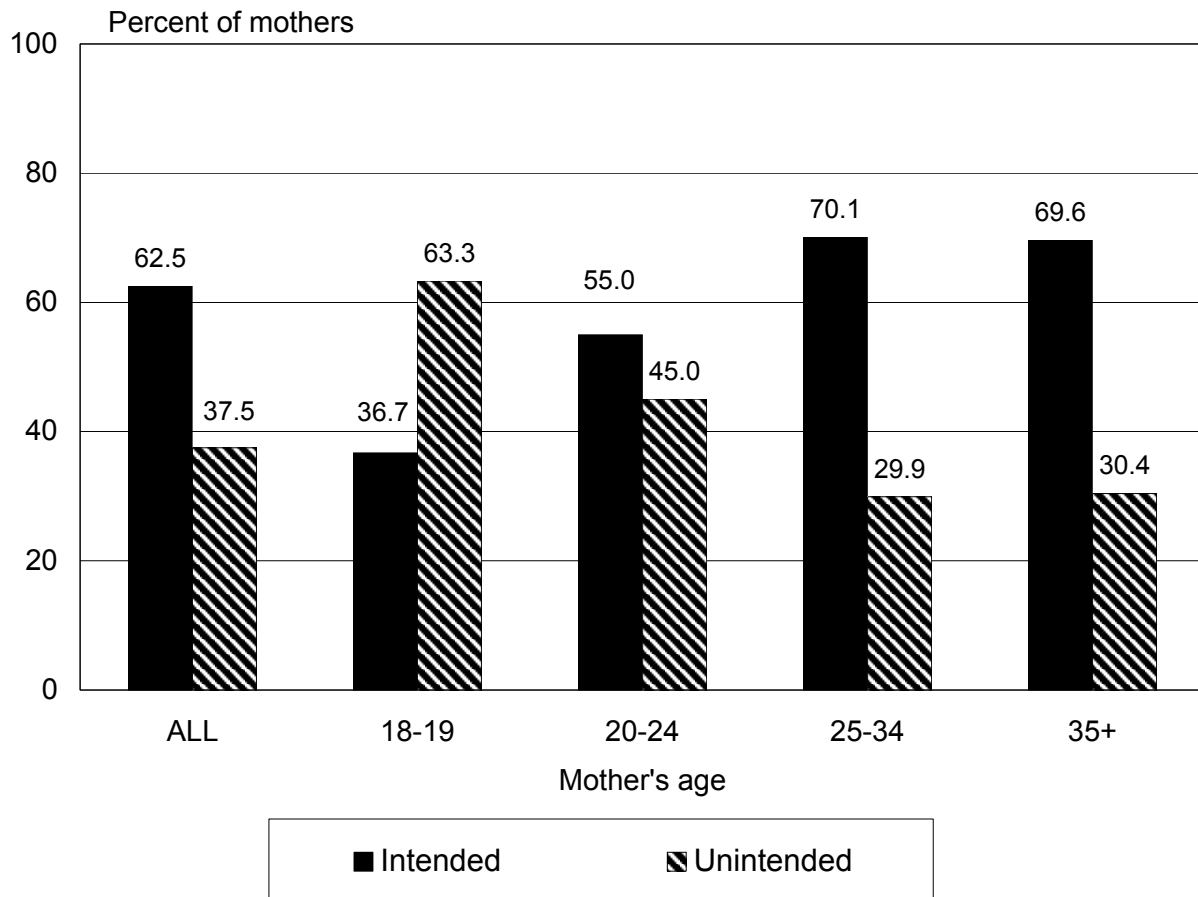
1999



Summary

The percentage of unintended pregnancies was slightly higher for Hispanic women (42.3 percent), compared with non-Hispanic women (36.9 percent); however, the difference is not statistically significant ($\alpha = .05$).

Idaho PRATS Intendedness of Pregnancy By Mother's Age 1999



Summary

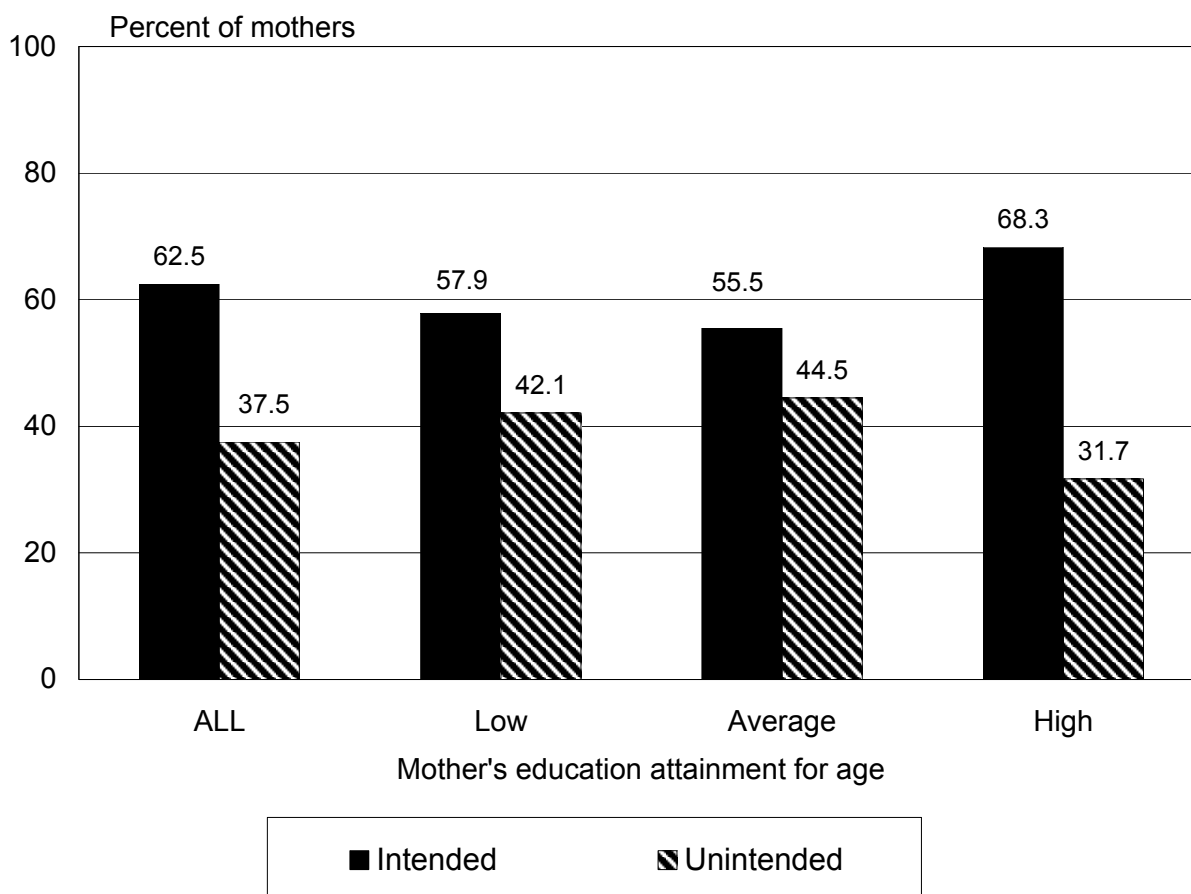
The percentage of unintended pregnancies was highest among Idaho resident adult mothers 18-19 years of age, 1.4 times higher than for mothers 20-24 years of age and 2.1 times higher than for mothers 25 years of age and older. These differences are statistically significant ($\alpha = .05$).

Idaho PRATS

Intendedness of Pregnancy

By Mother's Education Attainment for Age

1999



Summary

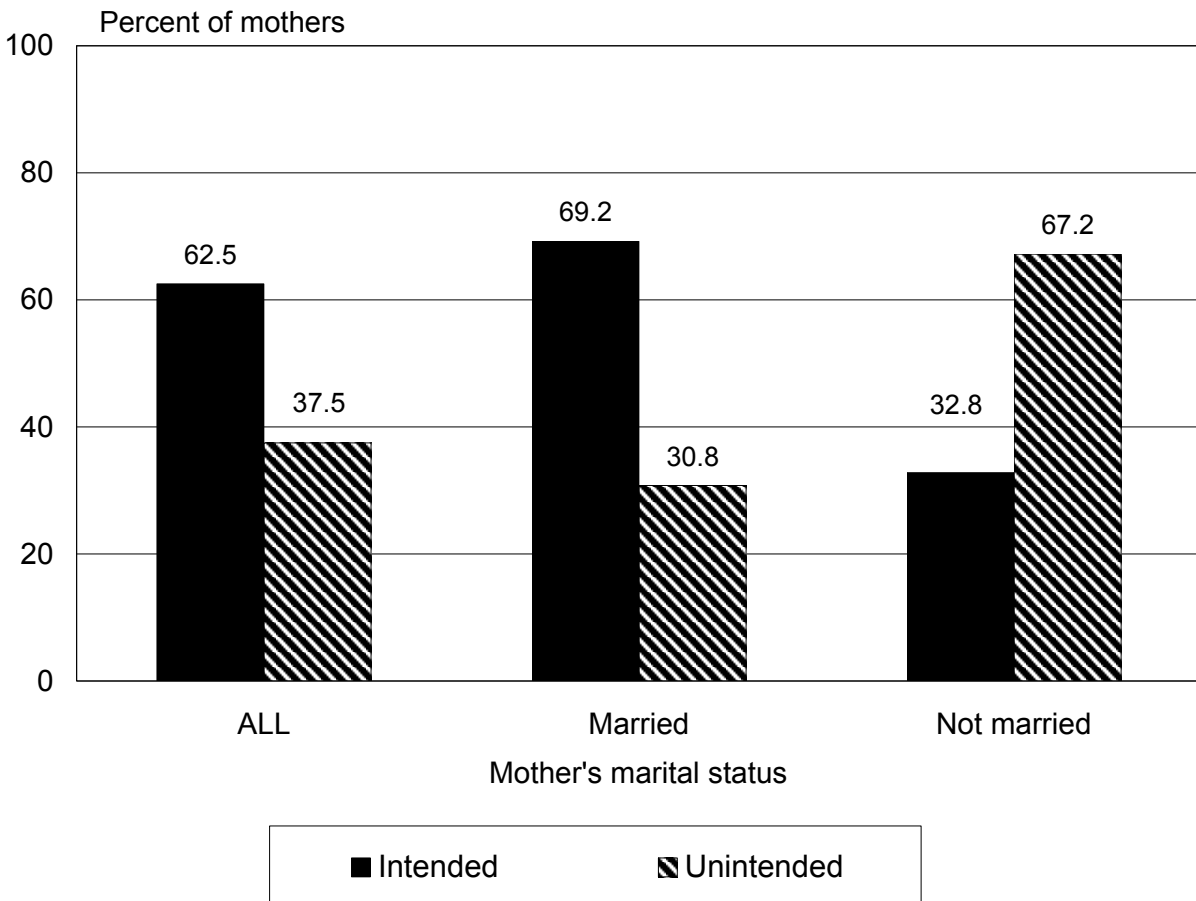
Idaho resident adult mothers with low or average education attainment for age were at higher risk for having an unintended pregnancy, compared with mothers with high education attainment for age (statistically significant at $\alpha = .05$). There is no statistically significant risk difference between mothers with low and mothers with average education attainment for age ($\alpha = .05$). See Appendix for definition of education attainment for age.

Idaho PRATS

Intendedness of Pregnancy

By Mother's Marital Status

1999



Summary

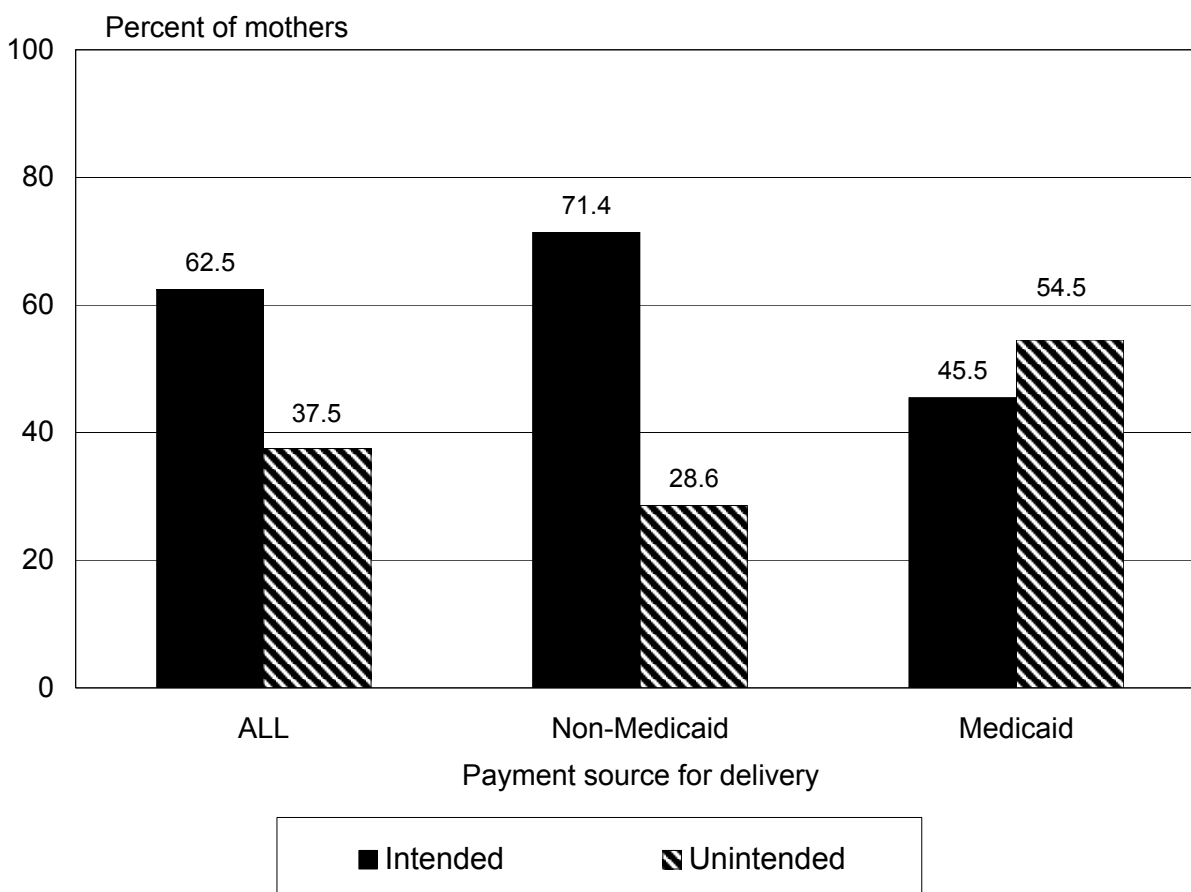
The prevalence of unintended pregnancy among Idaho resident adult mothers was 30.8 percent for mothers who were married, compared with 67.2 percent for mothers who were not married; the difference is statistically significant ($\alpha = .05$).

Idaho PRATS

Intendedness of Pregnancy

By Payment Source for Delivery

1999



Summary

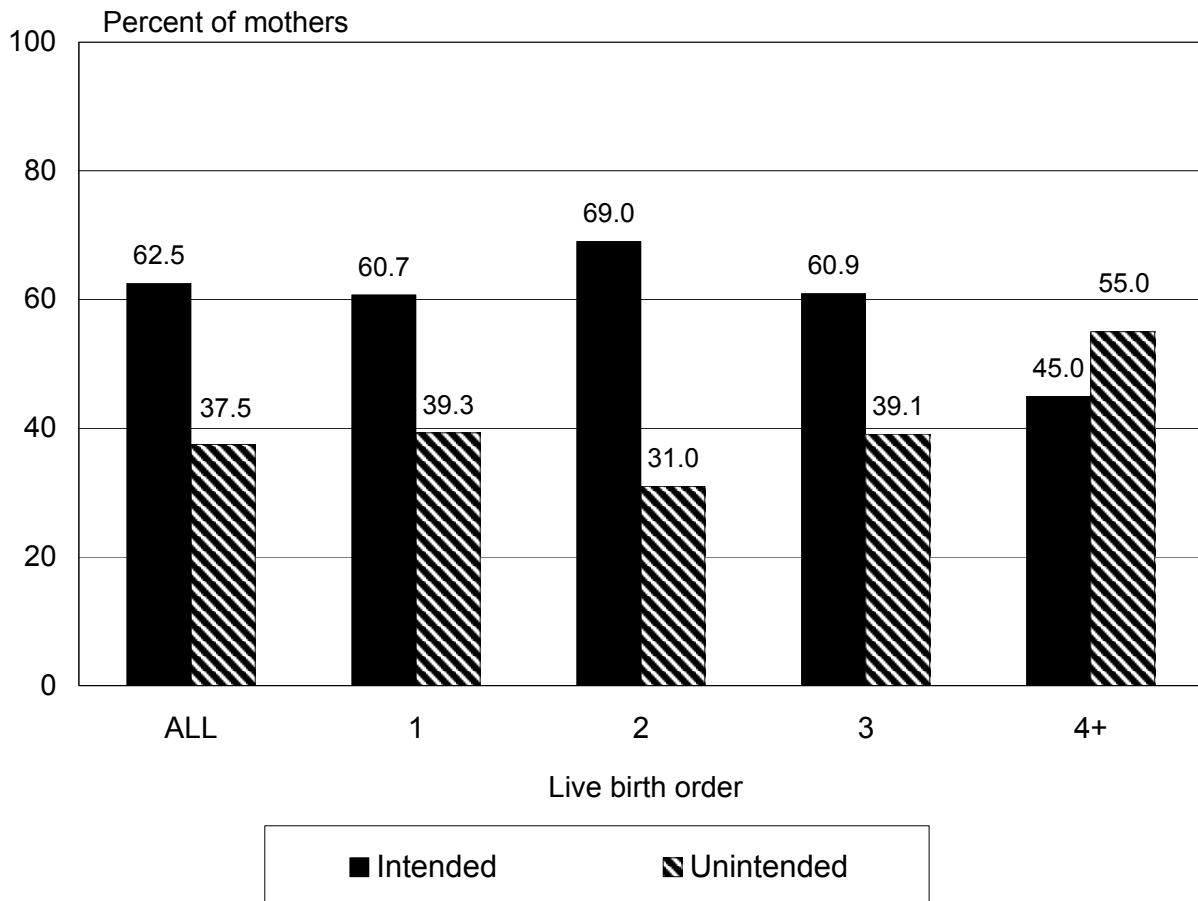
The prevalence of unintended pregnancy among Idaho resident adult mothers varied by Medicaid status. Approximately half of mothers who had a Medicaid-paid delivery (54.5 percent) reported that their pregnancy was unintended at the time of conception. Comparatively, 28.6 percent of non-Medicaid mothers reported that their pregnancy was unintended at the time of conception. The difference is statistically significant ($\alpha = .05$).

Idaho PRATS

Intendedness of Pregnancy

By Live Birth Order

1999



Summary

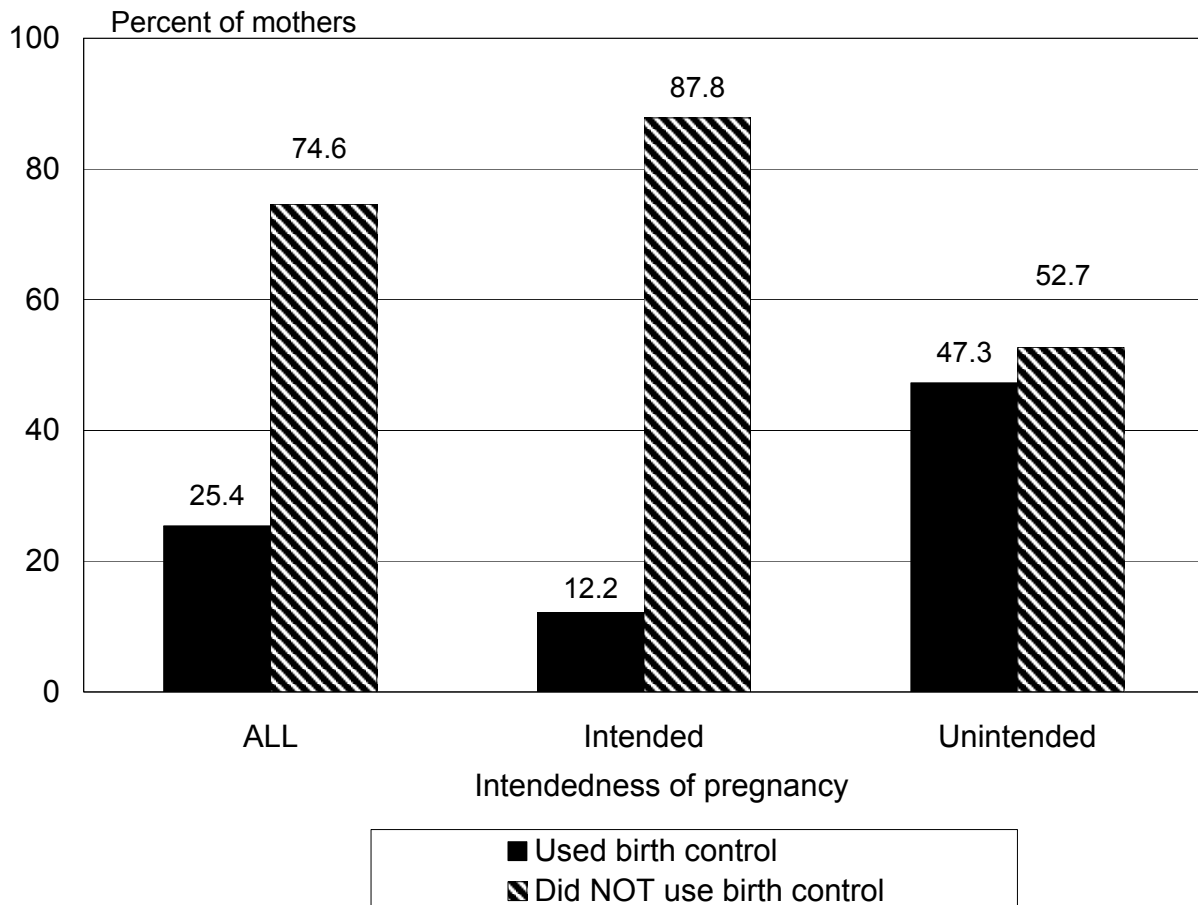
The prevalence of unintended pregnancy among Idaho resident adult mothers varied by the live birth order. Mothers who had a second order live birth were the least likely to have reported that the pregnancy was unintended at the time of conception; the differences are statistically significant ($\alpha = .05$). The differences between first, third, and fourth or higher order live births are not statistically significant ($\alpha = .05$).

Idaho PRATS

Birth Control Utilization at Time of Conception

By Intendedness of Pregnancy

1999



Summary

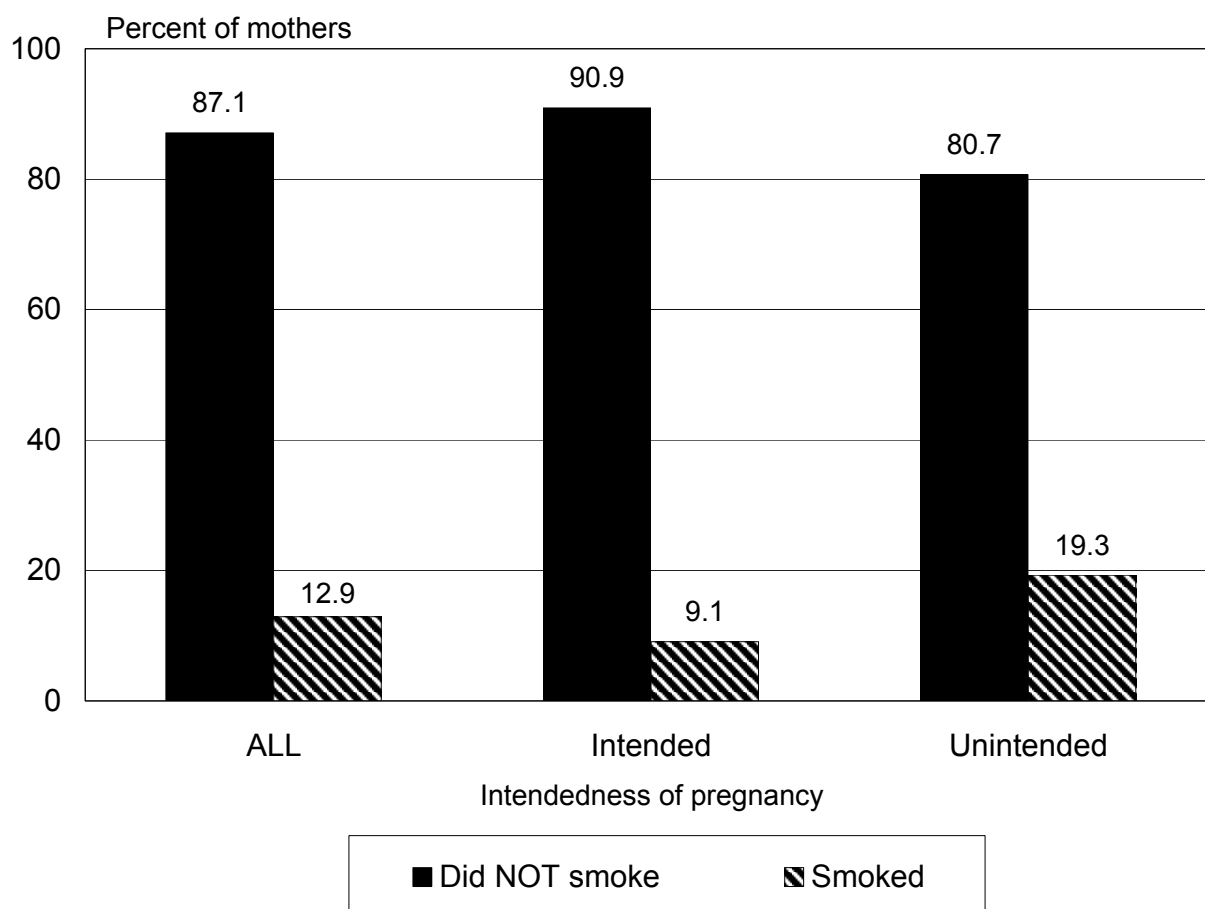
As expected, Idaho resident adult mothers who intended to become pregnant had a low prevalence of birth control utilization at the time of conception. Comparatively, of mothers who did not intend to become pregnant, over half (52.7 percent) were NOT using a birth control method. The percent difference in birth control utilization between mothers who intended to become pregnant and mothers who did not intend to become pregnant is statistically significant ($\alpha = .05$).

Idaho PRATS

Mother's Tobacco Use During Pregnancy

By Intendedness of Pregnancy

1999



Summary

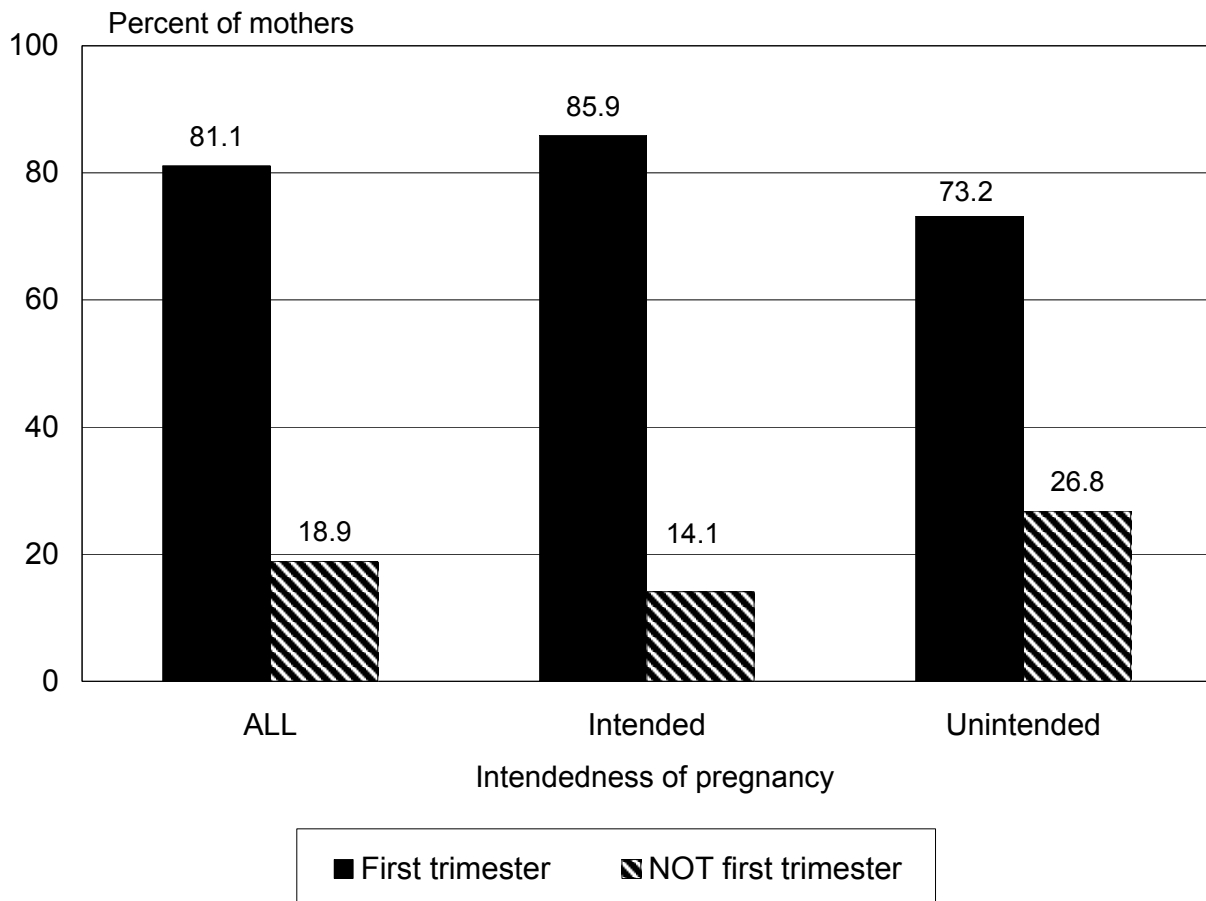
The relative risk of smoking during pregnancy was twice as high for Idaho resident adult mothers who had an unintended pregnancy, compared with mothers who intended to become pregnant. In addition, mothers who reported that they never wanted to become pregnant were at the highest risk for smoking during pregnancy (27.8 percent smoked). These stated differences are statistically significant ($\alpha = .05$).

Idaho PRATS

First Trimester Prenatal Care Utilization

By Intendedness of Pregnancy

1999



Summary

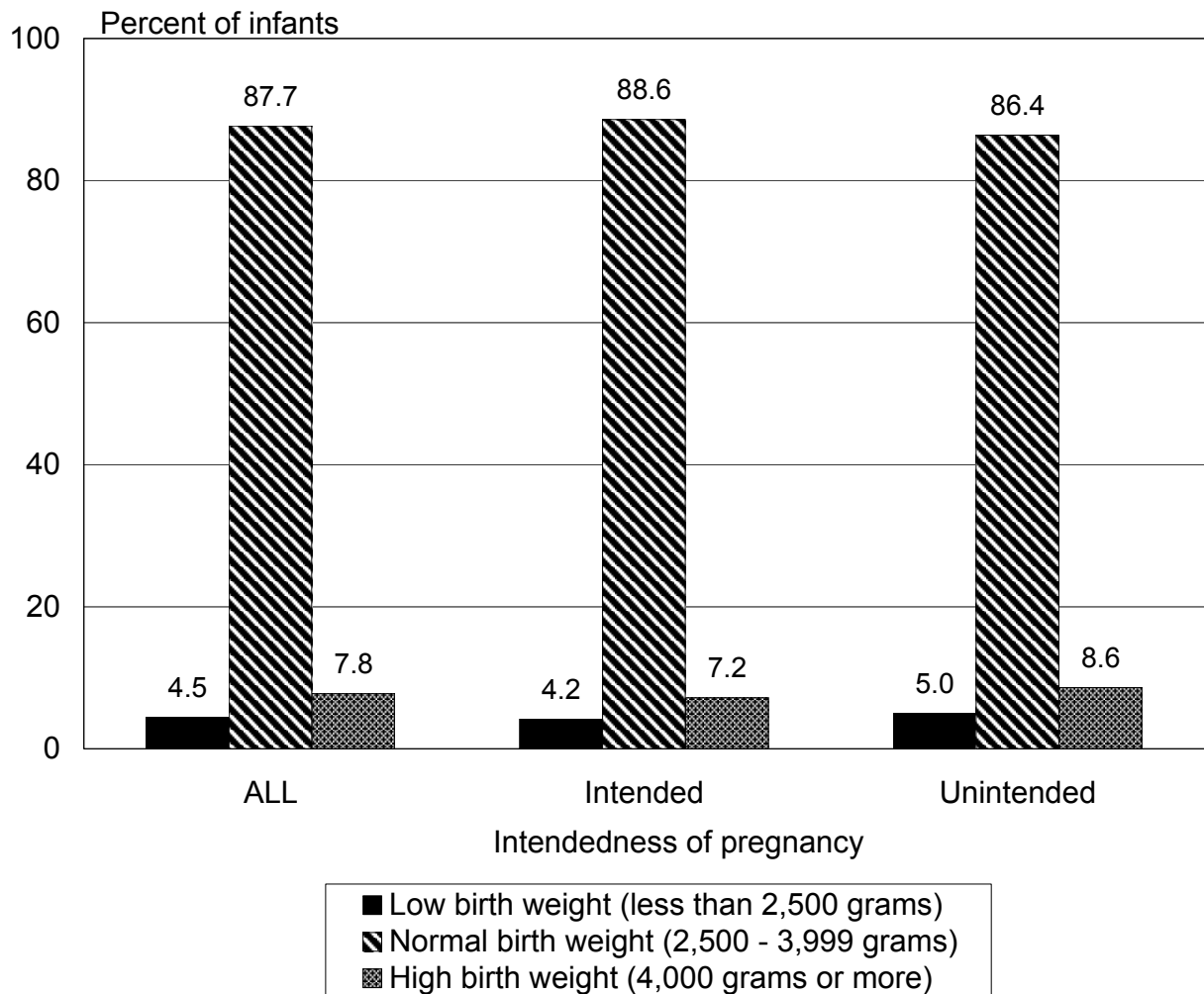
The relationship between intendedness of pregnancy and the likelihood of initiating prenatal care in the first trimester is evident from the graph. Idaho resident adult mothers who intended to become pregnant were more likely to initiate prenatal care in the first trimester, compared with mothers who did not intend to become pregnant, 85.9 percent and 73.2 percent respectively. The difference is statistically significant ($\alpha = .05$).

Idaho PRATS

Birth Weight of Infant

By Intendedness of Pregnancy

1999



Summary

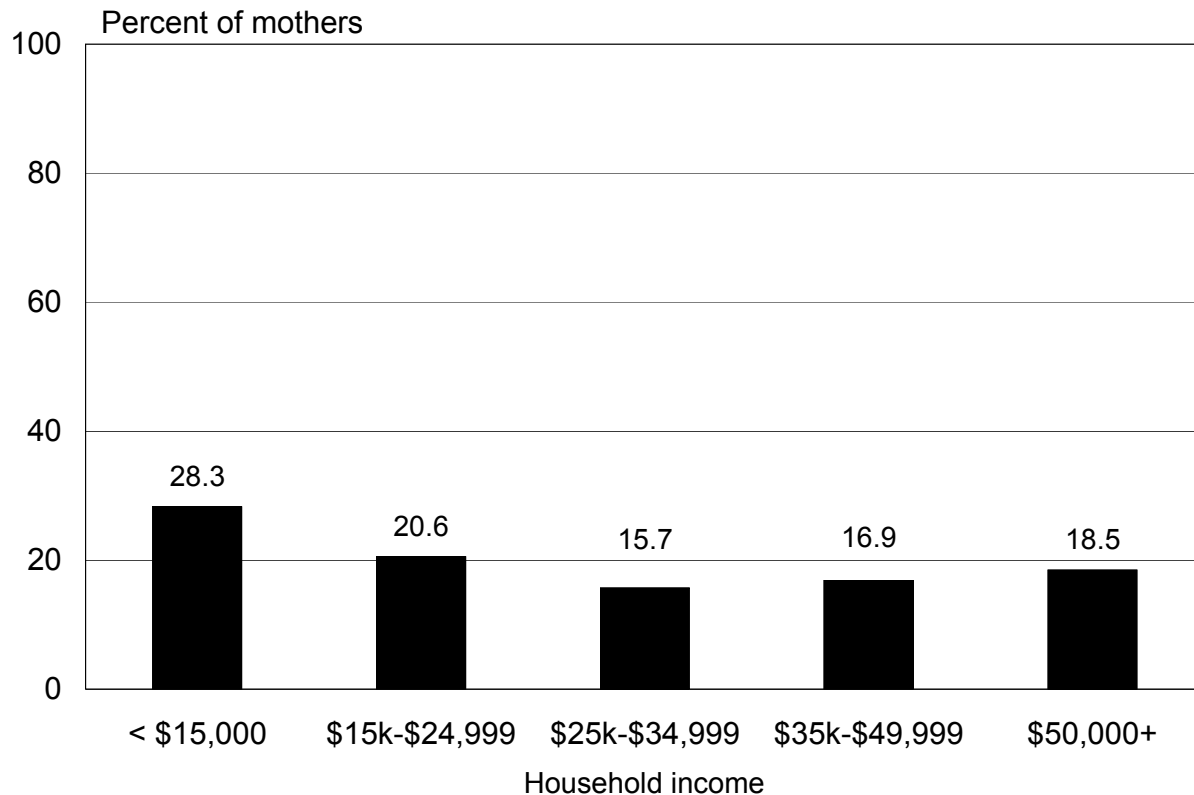
There is no significant difference in infant birth weight by intendedness of pregnancy (alpha = .05).

HOUSEHOLD INCOME AND HEALTH INSURANCE

Idaho PRATS

Household Income 12 Months Prior to Pregnancy

1999



Summary

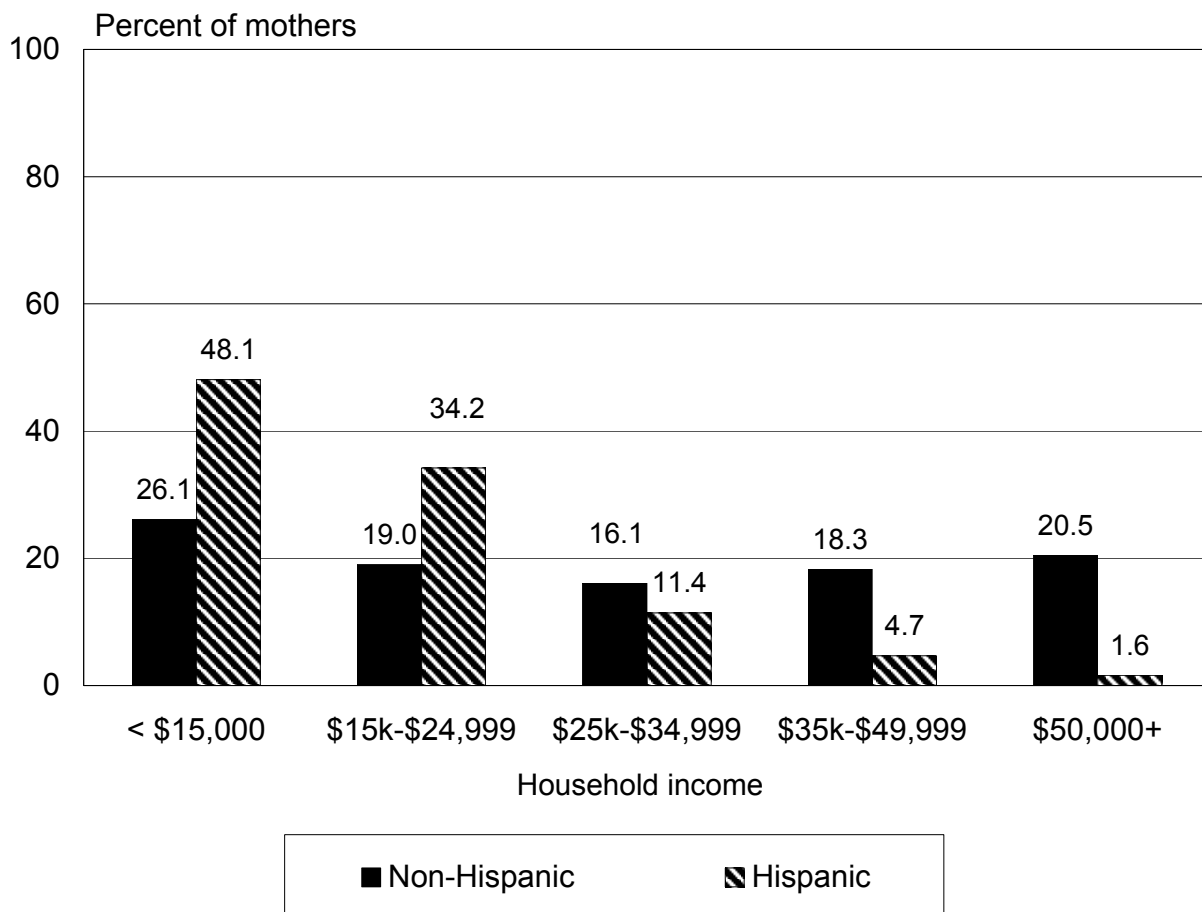
Approximately 1 of 4 Idaho resident adult mothers reported an annual household income of less than \$15,000 during the 12 months prior to becoming pregnant. Using the Federal Poverty Thresholds (1998), approximately one-third of Idaho resident adult mothers were at or below the 100 percent poverty level.

Idaho PRATS

Household Income 12 Months Prior to Pregnancy

By Mother's Ethnicity

1999



Summary

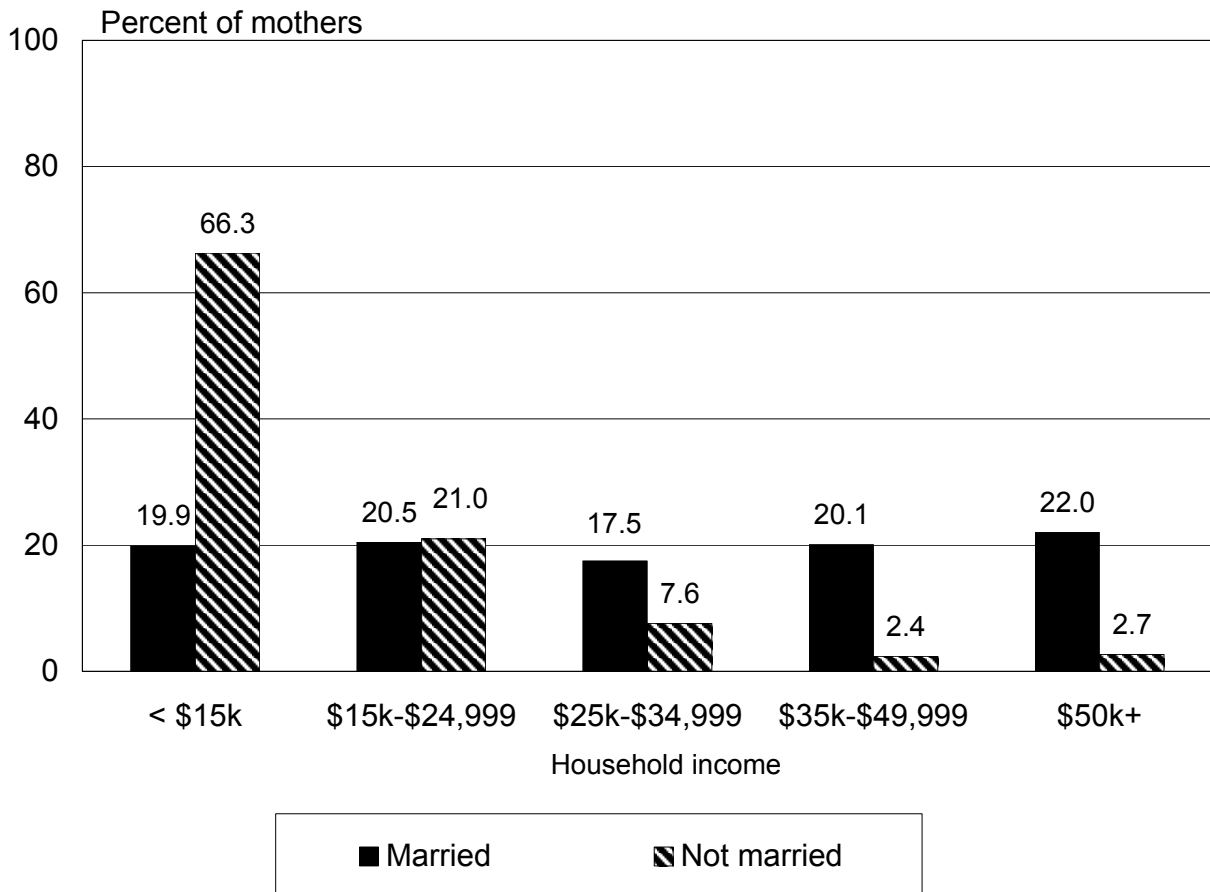
For Idaho resident adult mothers, the distribution of annual household income varied significantly by mother's ethnicity. Hispanic mothers were more likely to have an annual household income of less than \$15,000, compared with non-Hispanic mothers, 48.1 percent and 26.1 percent respectively. In addition, 57.4 percent of Hispanic mothers were at or below 100 percent of the poverty level, compared with 31.3 percent of non-Hispanic mothers. These stated differences are statistically significant (alpha = .05).

Idaho PRATS

Household Income 12 Months Prior to Pregnancy

By Mother's Marital Status

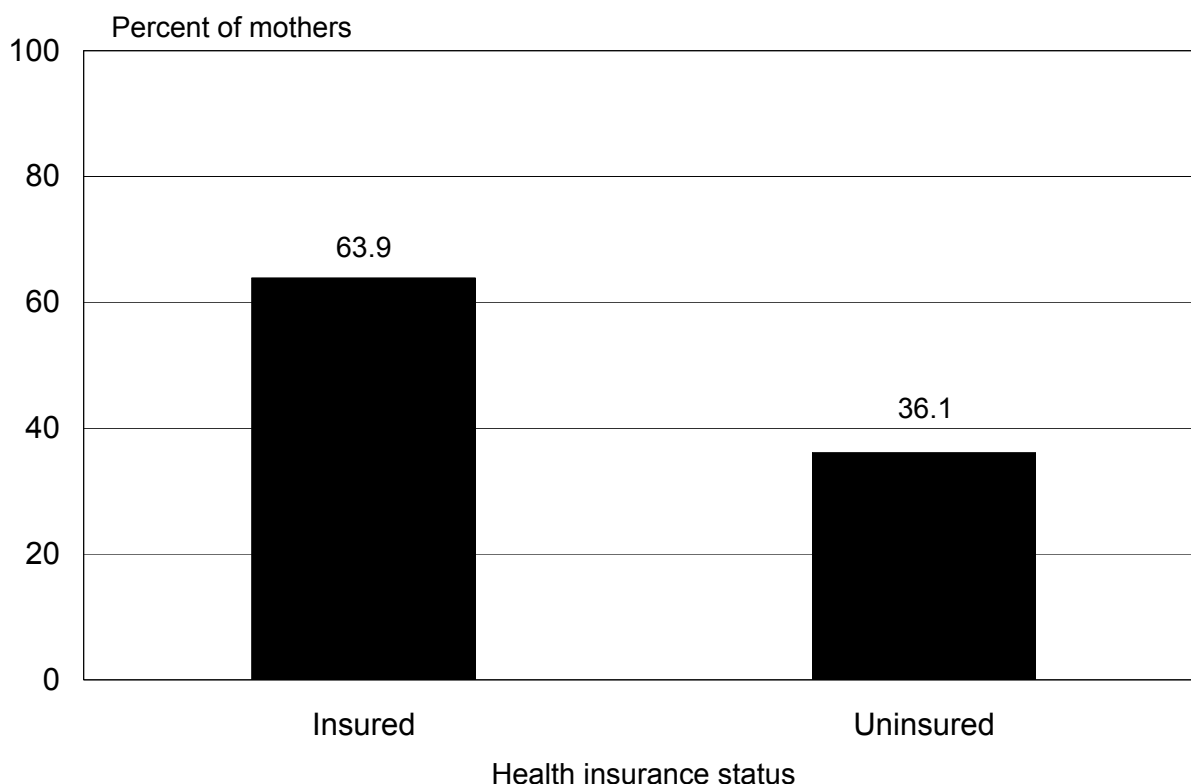
1999



Summary

The economic disparity between married and unmarried Idaho resident adult mothers is evident from the graph. Approximately two-thirds (66.3 percent) of unmarried adult mothers in Idaho had an annual household income of less than \$15,000, compared with 19.9 percent of married mothers. The relative risk of living at or below the 100 percent poverty level was approximately three times higher for unmarried mothers, compared with married mothers, 73.0 percent and 25.0 percent, respectively. These differences stated are statistically significant (alpha = .05).

Health Insurance Status Before Pregnancy (Excluding Medicaid) 1999

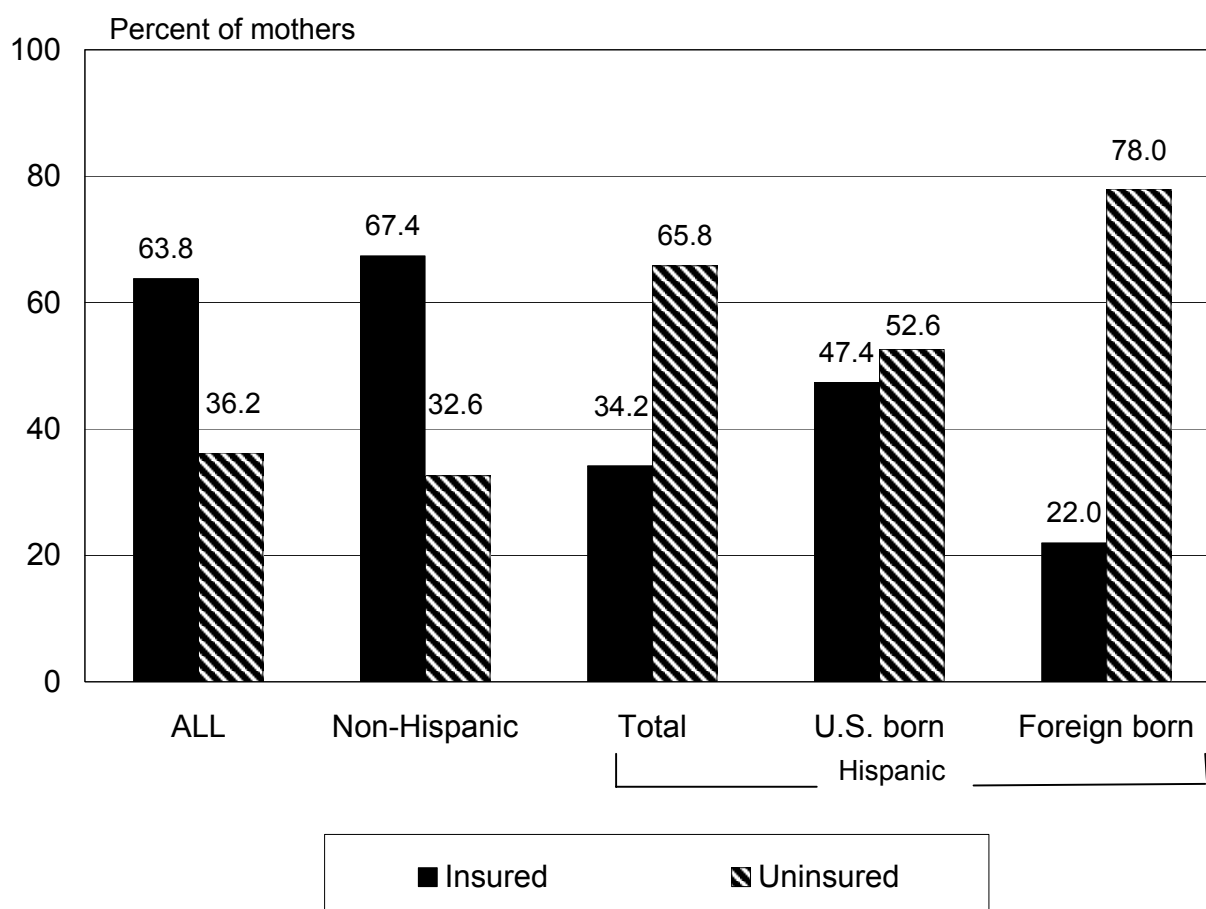


Summary

PRATS respondents were asked whether they had health insurance at the time just before becoming pregnant (not counting Medicaid). More than 1 of 3 Idaho resident adult mothers (36.1 percent) reported that they did not have health insurance at the time just before pregnancy. Of the uninsured mothers, 9.6 percent reported that they were on Medicaid at the time just before becoming pregnant.

Idaho PRATS

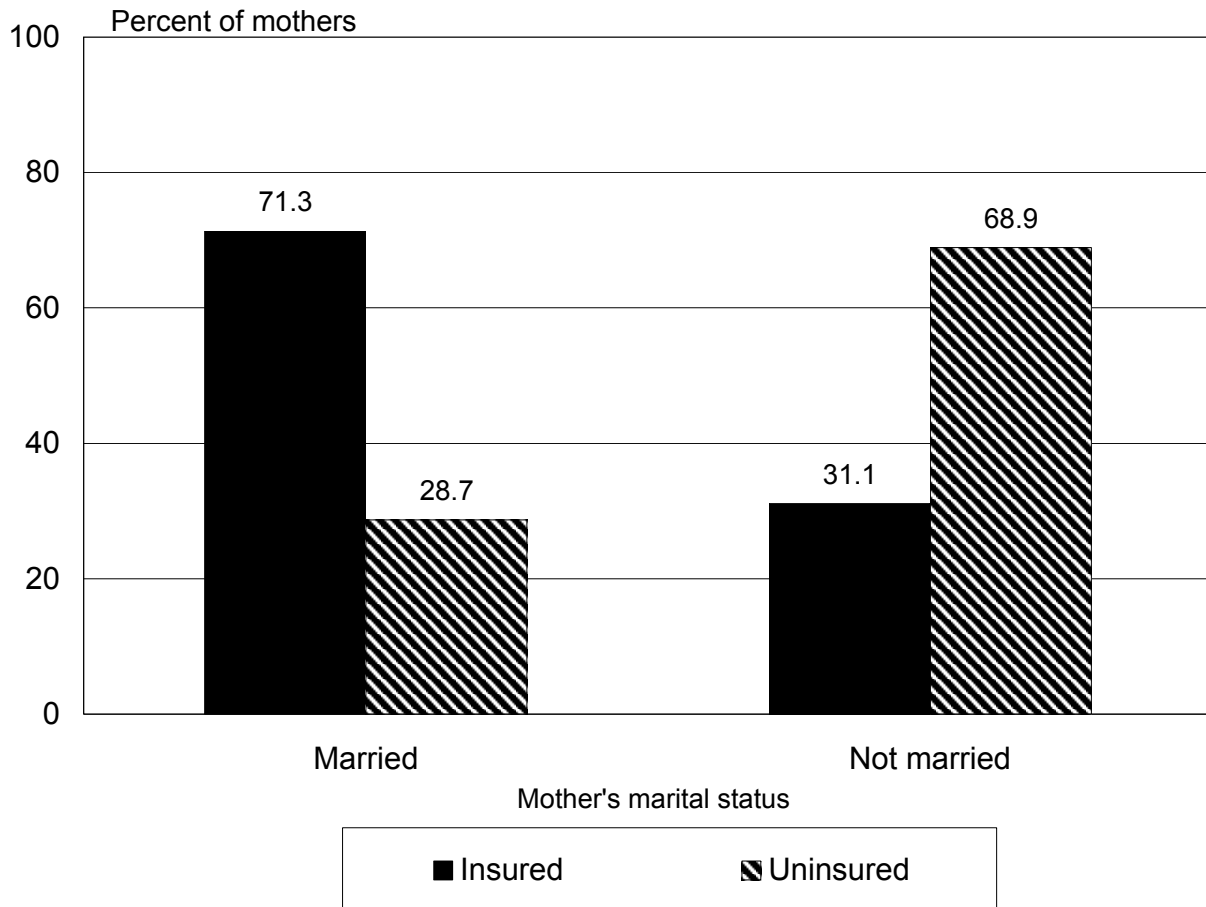
Health Insurance Status Before Pregnancy (Excluding Medicaid) by Mother's Ethnicity 1999



Summary

Among Idaho resident adult mothers, the relative risk of not having health insurance before pregnancy varied by mother's ethnicity and place of birth (mother's place of birth is a proxy indicator for citizenship status). Hispanic mothers had a 2.0 times higher risk of being uninsured, compared with non-Hispanic mothers. The differences are also pronounced when comparing Hispanic mothers by place of birth. Hispanic foreign-born mothers had a 1.5 times higher risk of being uninsured, compared with Hispanic U.S.-born mothers. These stated differences are statistically significant ($\alpha = .05$).

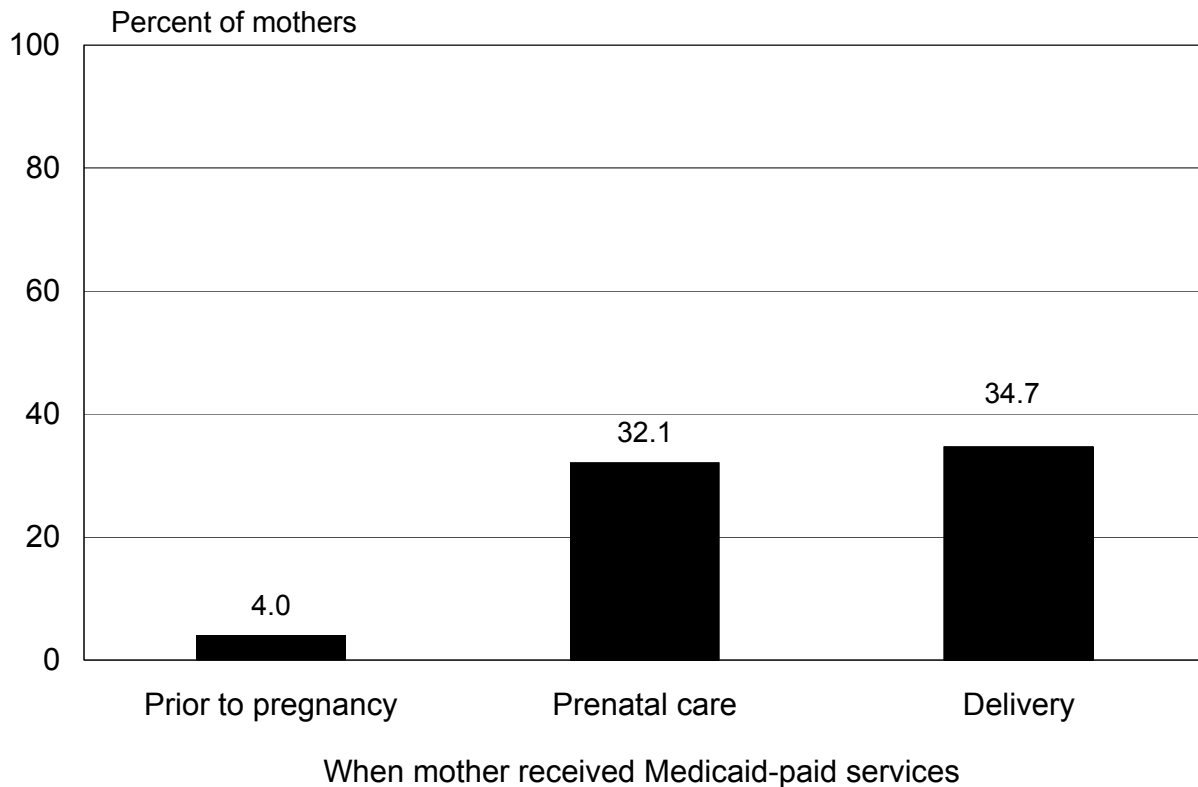
Idaho PRATS
Health Insurance Status Before Pregnancy
(Excluding Medicaid) by Mother's Marital Status
1999



Summary

Among Idaho resident adult mothers, the relative risk of not having health insurance before pregnancy varied by mother's marital status. Unmarried mothers had a 2.4 times higher risk of being uninsured, compared with married mothers; the difference is statistically significant ($\alpha = .05$).

Idaho PRATS Medicaid Utilization 1999

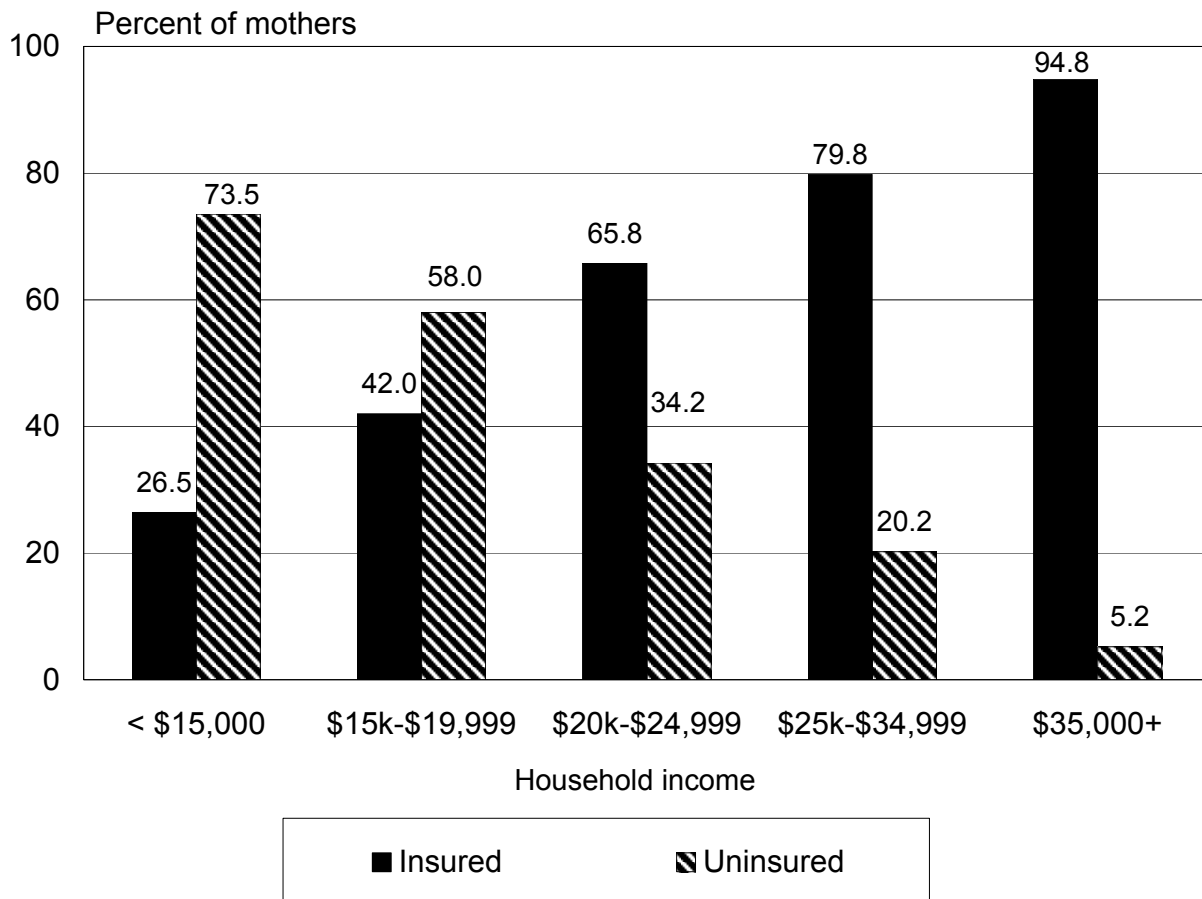


Summary

Only 4.0 percent of Idaho resident adult mothers reported that they were on Medicaid prior to pregnancy. Slightly less than one-third (32.1 percent) of mothers reported using Medicaid to pay for prenatal care services. Finally, 34.7 percent of mothers indicated that Medicaid paid for the cost of delivery. The difference between Medicaid utilization rates for prenatal care and for delivery is not statistically significant ($\alpha = .05$).

Idaho PRATS

Health Insurance Status Before Pregnancy (Excluding Medicaid) by Household Income 1999



Summary

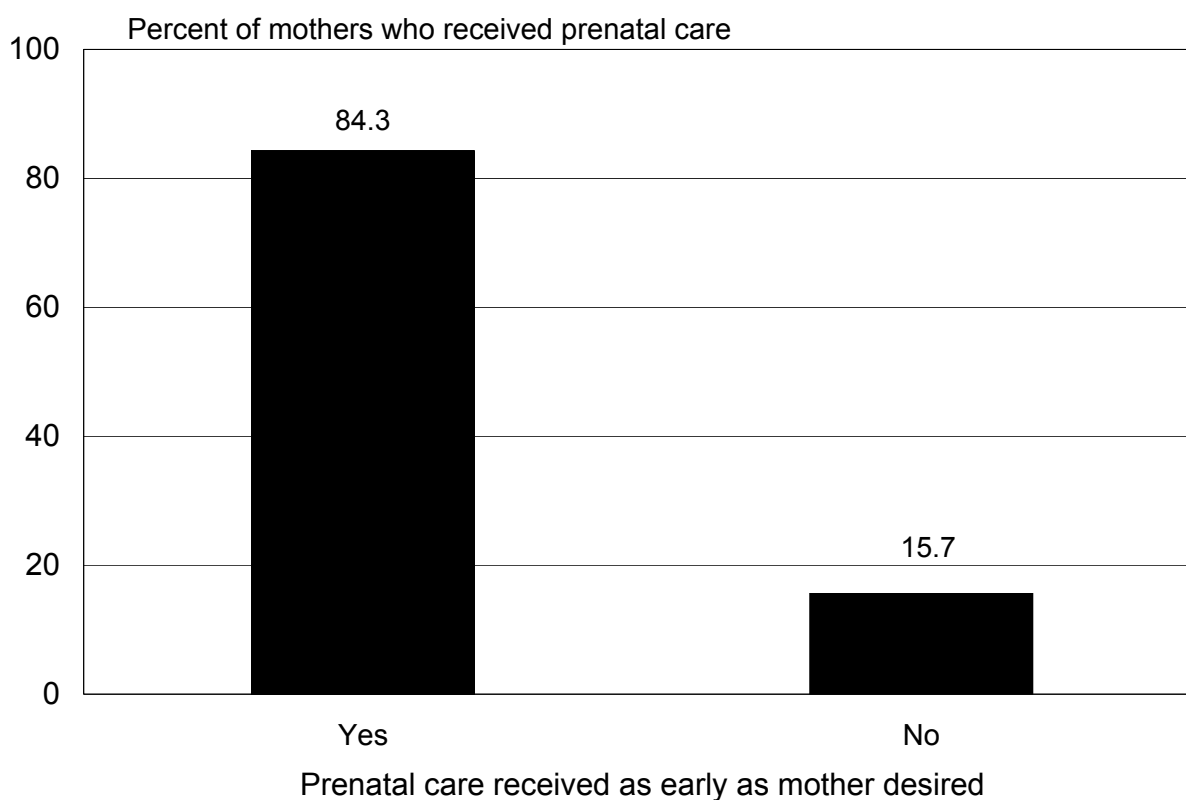
As expected, Idaho resident adult mothers in the lower household income categories were at the highest risk for being uninsured at the time just before pregnancy. Mothers who reported an annual household income of less than \$15,000 were 14.1 times more likely to be uninsured, compared with mothers who reported an annual income of \$35,000 or higher. This difference (relative risk) is statistically significant (alpha = .05).

PRENATAL CARE

Idaho PRATS

Prenatal Care Received As Early As Mother Desired

1999



Summary

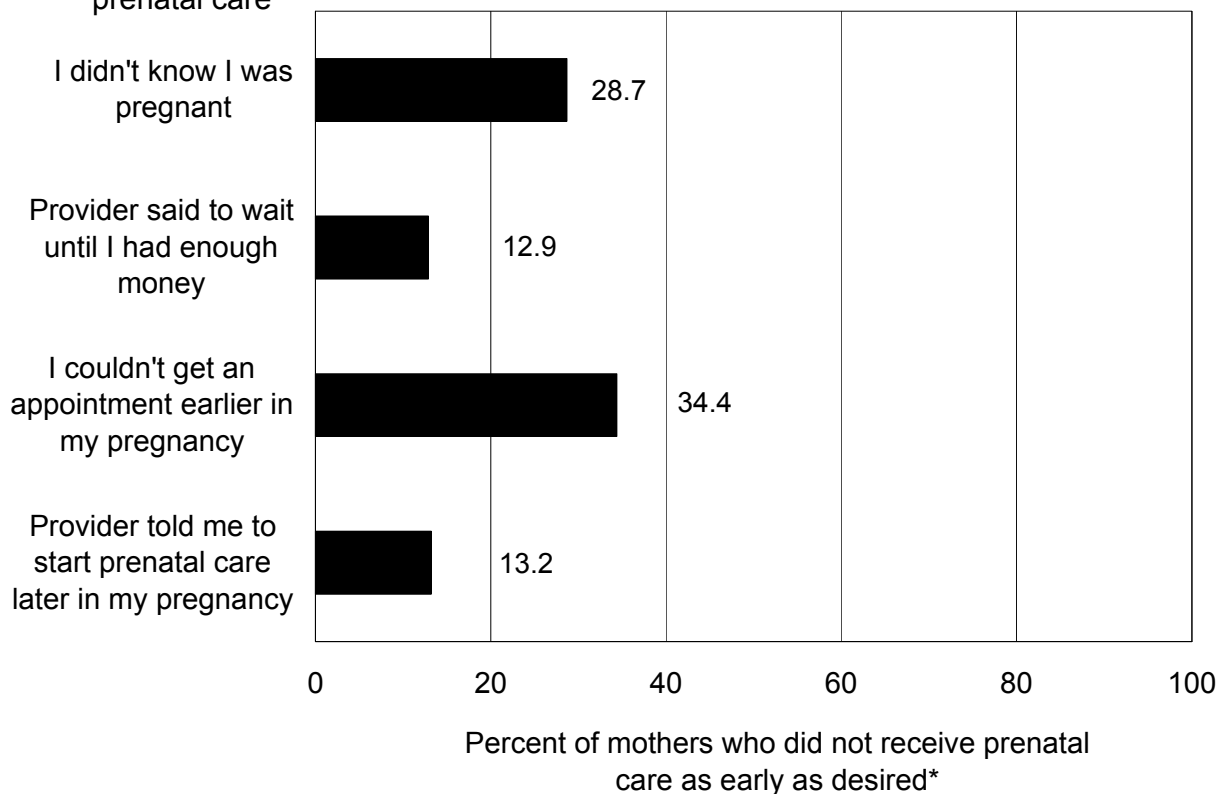
PRATS respondents who received some prenatal care were asked if they received care as early in their pregnancy as they desired. The results indicate that 84.3 percent of Idaho resident adult mothers received prenatal care as early in their pregnancy as they wanted. Of these mothers, 88.0 percent received care in the first trimester. Of the 15.7 percent of mothers who did not receive prenatal care as early in their pregnancy as desired, 67.8 percent actually did receive care in the first trimester.

Idaho PRATS

Selected Barriers to Receiving Early Prenatal Care

1999

Barriers preventing early prenatal care



*Respondent may have had multiple responses.

Summary

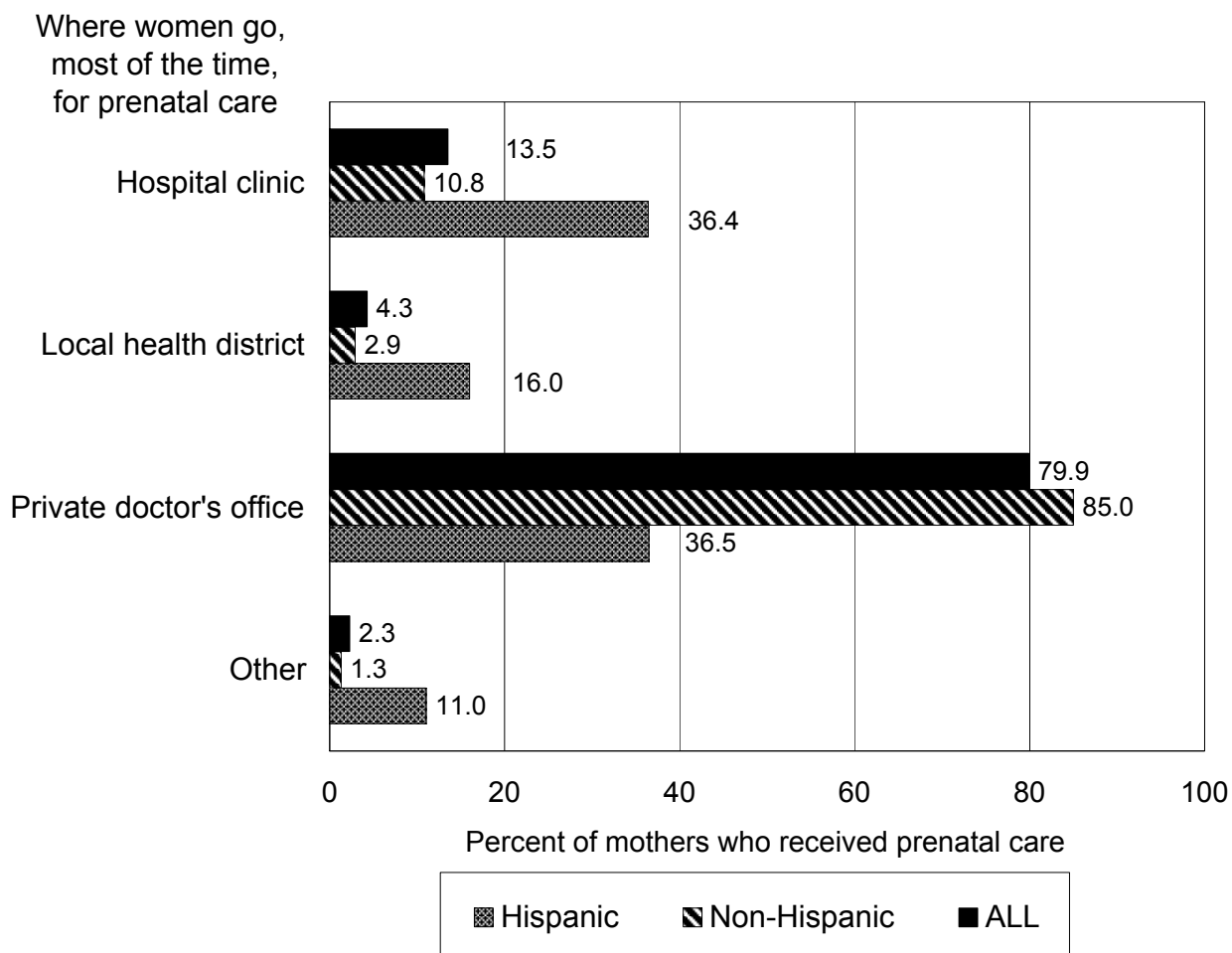
Approximately 1 out of 3 Idaho resident adult mothers who said they did not receive prenatal care as early in their pregnancy as desired reported that they could not get an appointment earlier in their pregnancy. A small proportion of mothers reported other barriers such as childcare, transportation, and finding a provider who would take them as a patient; however, the number of responses to each of these categories was less than twenty.

Idaho PRATS

Where Women Go For Prenatal Care

By Ethnicity

1999



Summary

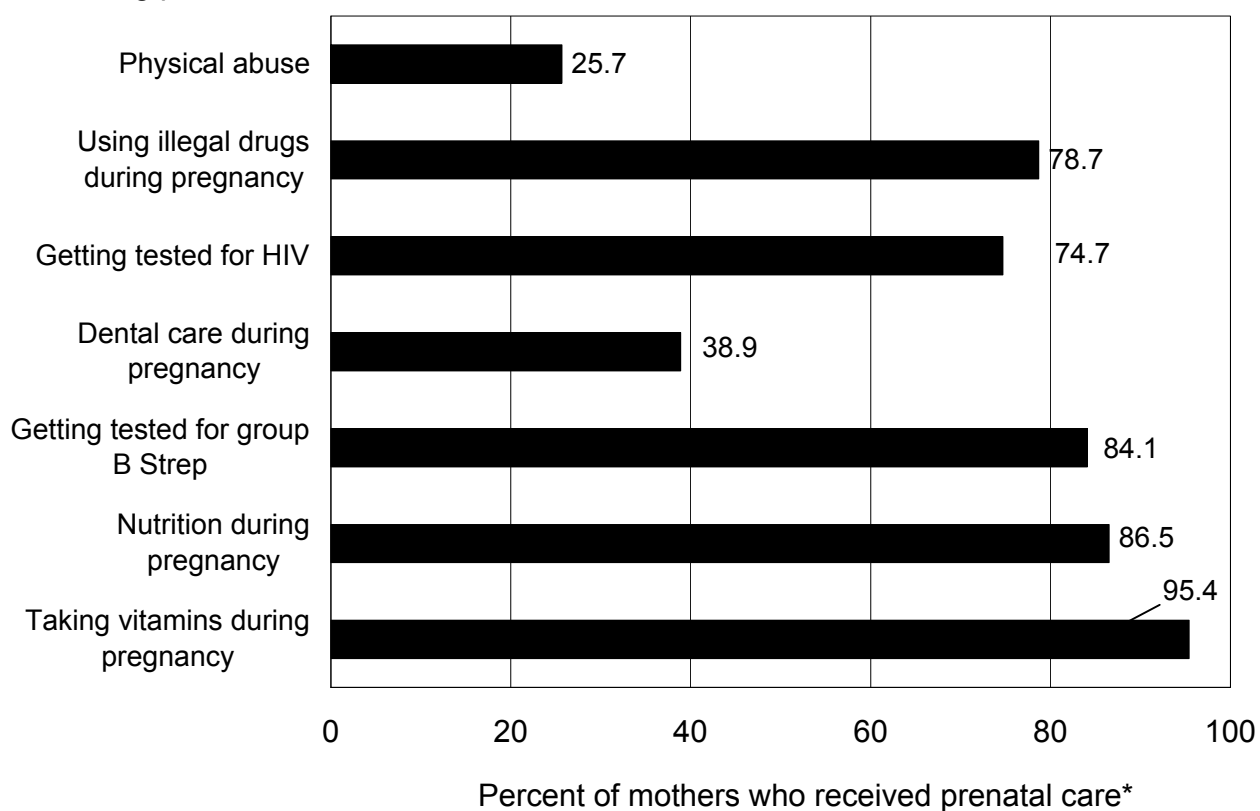
PRATS respondents were asked where they went, most of the time, for prenatal care. The majority of Idaho resident adult mothers who received prenatal care went to a private doctor's office (79.9 percent). Comparatively, only 36.5 percent of Hispanic mothers who received prenatal care went to a private doctor's office. Hispanic mothers were 8.5 times more likely to have received prenatal care at a community/migrant health center, Indian Health Center, or other place (unspecified), compared with non-Hispanic mothers, 11.0 percent and 1.3 percent respectively. The differences stated are statistically significant (alpha = .05).

Idaho PRATS

Selected Topics Discussed During Prenatal Care

1999

Selected topics discussed
during prenatal care



Summary

PRATS respondents were asked whether their health care provider discussed or gave them information about a series of topics. The importance of taking vitamin supplements during pregnancy was almost universally discussed during a prenatal care visit (95.4 percent). Other important topics were not discussed across the board, indicating an "opportunity gap" in services provided to pregnant women in Idaho.

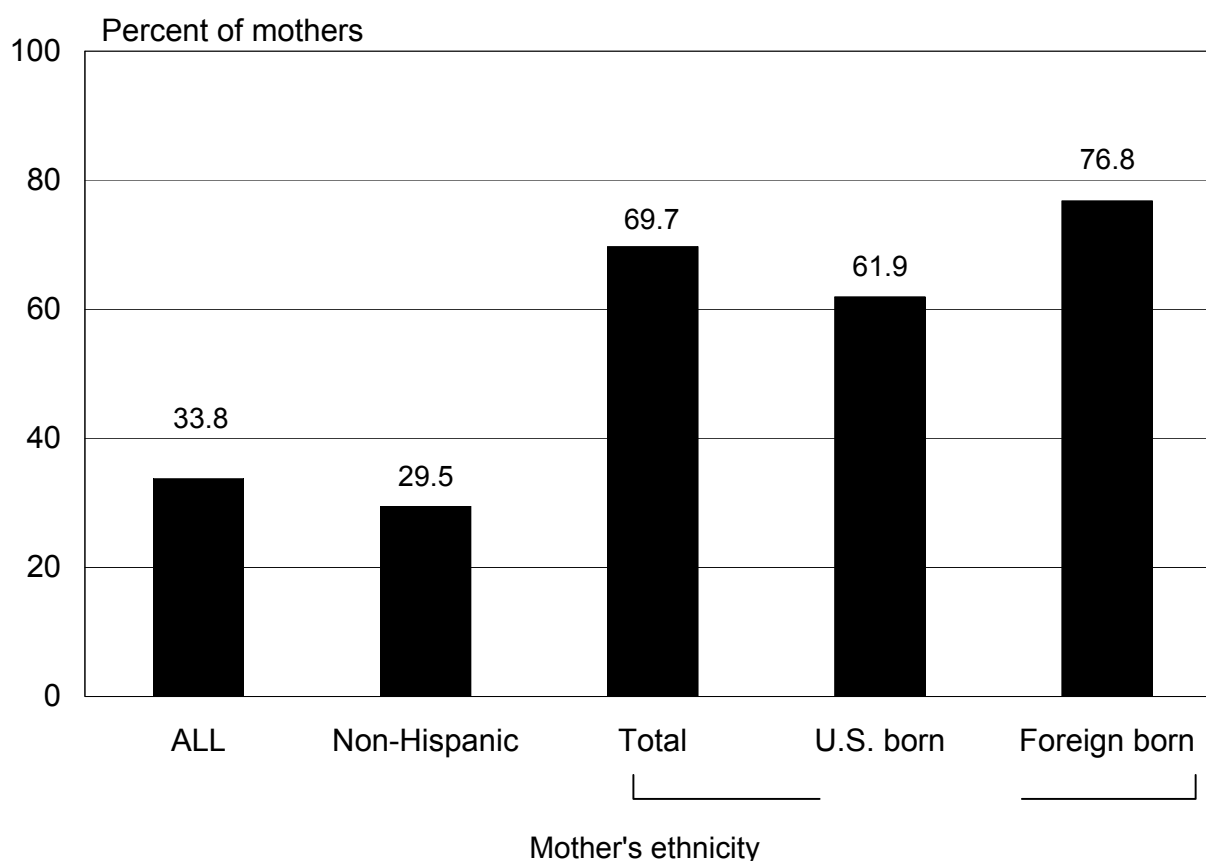
MATERNAL HEALTH AND NUTRITION

Idaho PRATS

Participation in the WIC Program During Pregnancy

By Mother's Ethnicity

1999



Summary

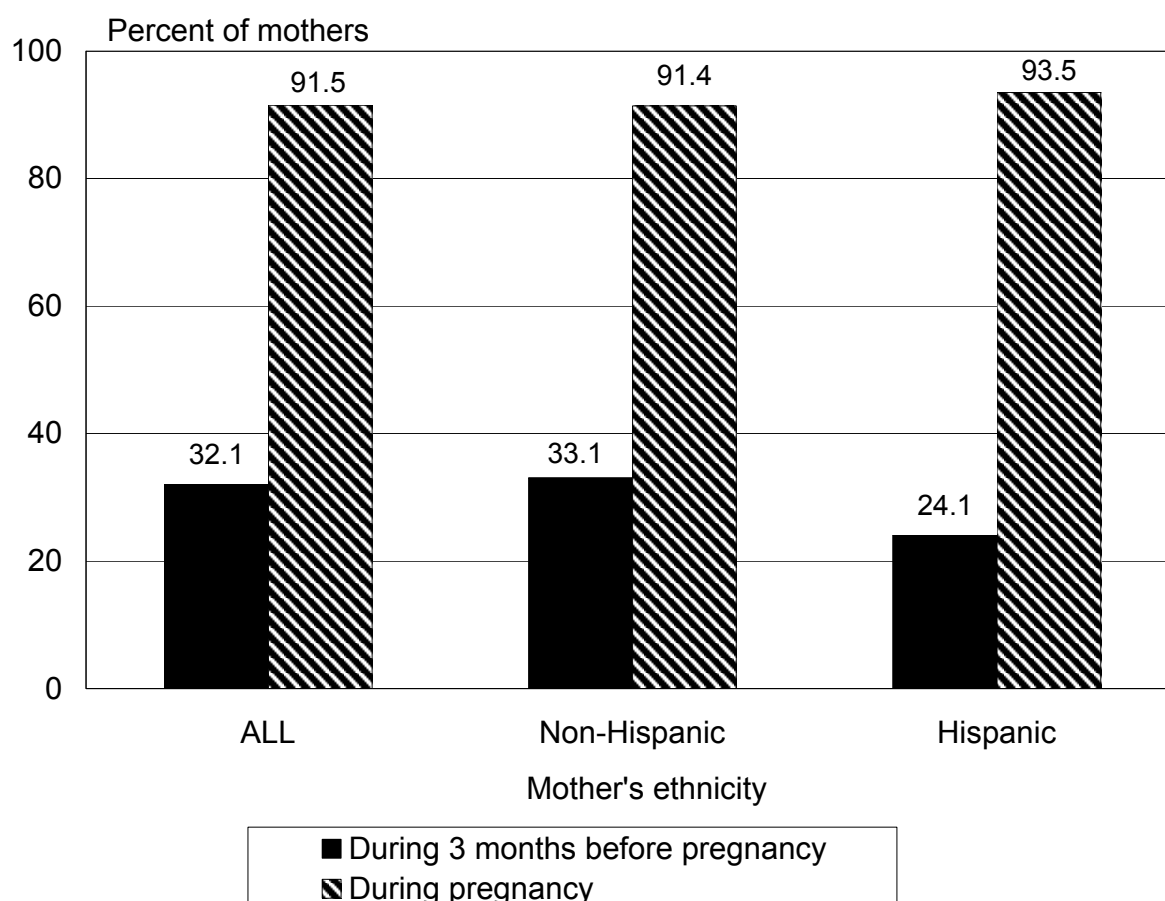
Approximately one-third (33.8 percent) of Idaho resident adult mothers participated in the WIC Program (Supplemental Nutrition Program for Women, Infants, and Children) during their pregnancy. Participation in the WIC Program varied by mother's ethnicity and place of birth (mother's place of birth is a proxy measure for citizenship status). Hispanic participation in WIC was high, 61.9 percent of Hispanic U.S.-born mothers and 76.8 percent of Hispanic foreign-born mothers. The differences stated are statistically significant (alpha = .05).

Idaho PRATS

Vitamin Supplement Use Before and During Pregnancy

By Mother's Ethnicity

1999



Summary

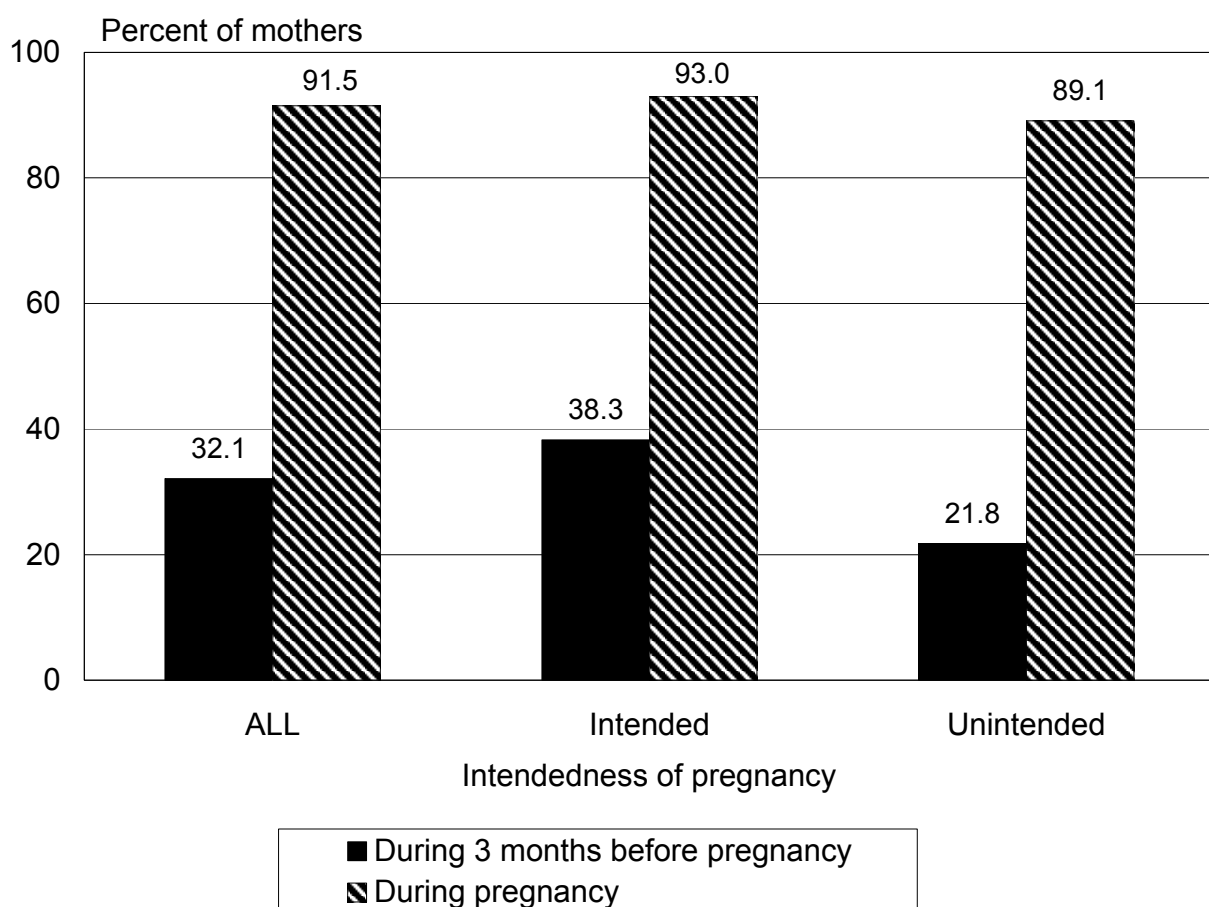
Approximately one-third (32.1 percent) of Idaho resident adult mothers reported taking a vitamin supplement during the three months before becoming pregnant. Hispanic mothers were less likely to have taken a vitamin supplement during this time than were non-Hispanic mothers, 24.1 percent and 33.1 percent, respectively (statistically significant at $\alpha=.05$). Nearly 9 of 10 mothers reported taking a vitamin supplement during pregnancy, similar for both Hispanic and non-Hispanic mothers.

Idaho PRATS

Vitamin Supplement Use Before and During Pregnancy

By Intendedness of Pregnancy

1999



Summary

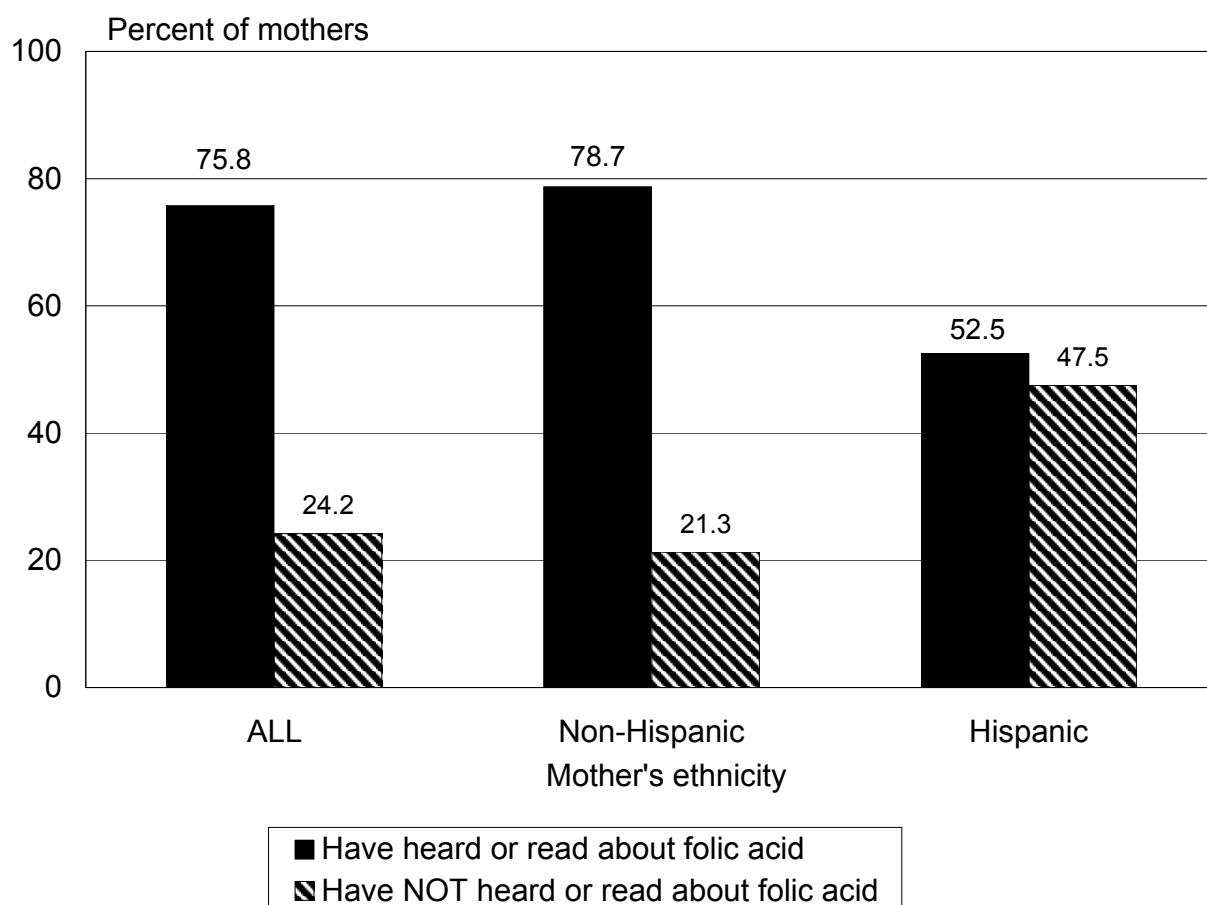
Approximately one-third (32.1 percent) of Idaho resident adult mothers reported taking a vitamin supplement during the three months before pregnancy. Mothers who indicated that their pregnancy was unintended were less likely to have taken a vitamin supplement during this time than were mothers who intended to become pregnant, 21.8 percent and 38.3 percent, respectively (statistically significant at $\alpha = .05$).

Idaho PRATS

Mother's Knowledge About Benefits of Taking Folic Acid

By Mother's Ethnicity

1999



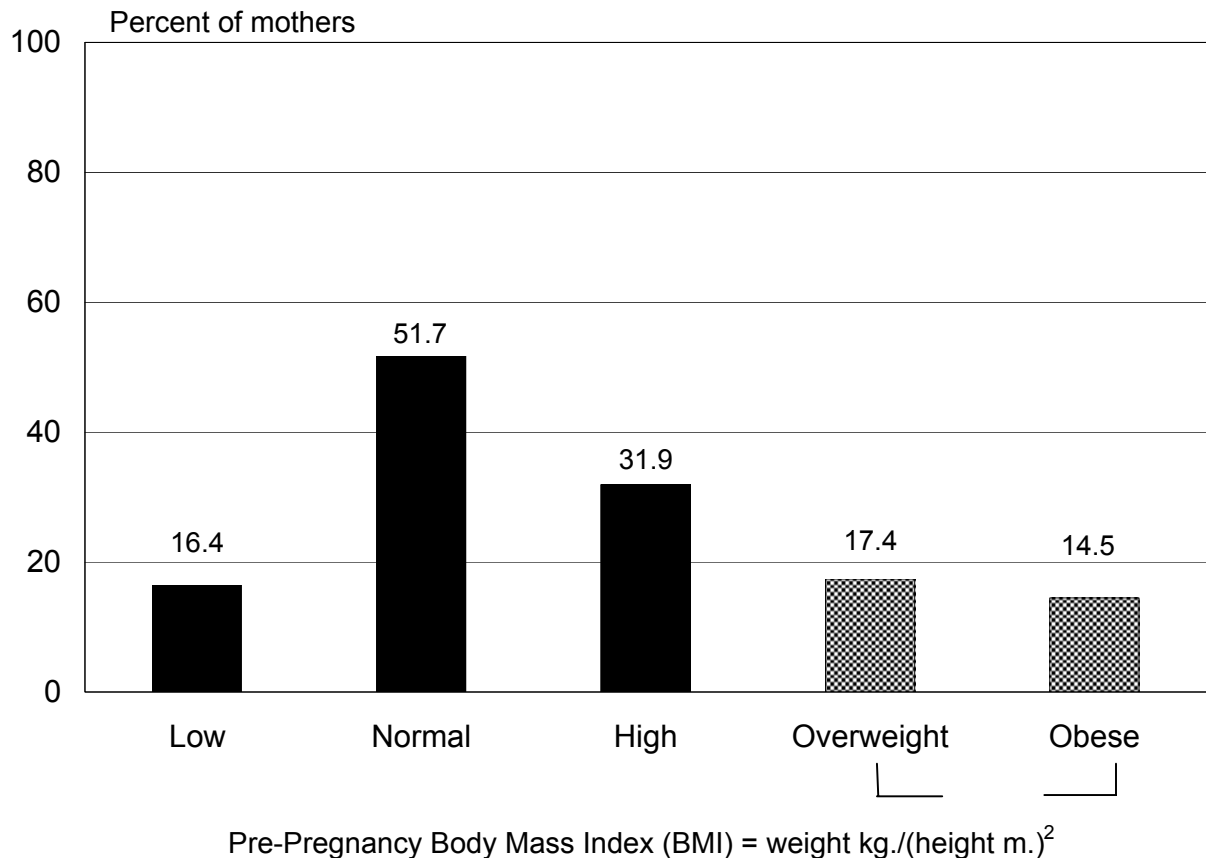
Summary

Approximately 3 out of 4 Idaho resident adult mothers reported that they have heard/read that taking folic acid can help prevent some birth defects. Knowledge about folic acid, however, varied by mother's ethnicity. Hispanic mothers were less likely to know about folic acid than were non-Hispanic mothers, 52.5 percent and 78.7 percent, respectively (statistically significant at $\alpha = .05$).

Idaho PRATS

Mother's Pre-Pregnancy Body-Mass Index (BMI)

1999



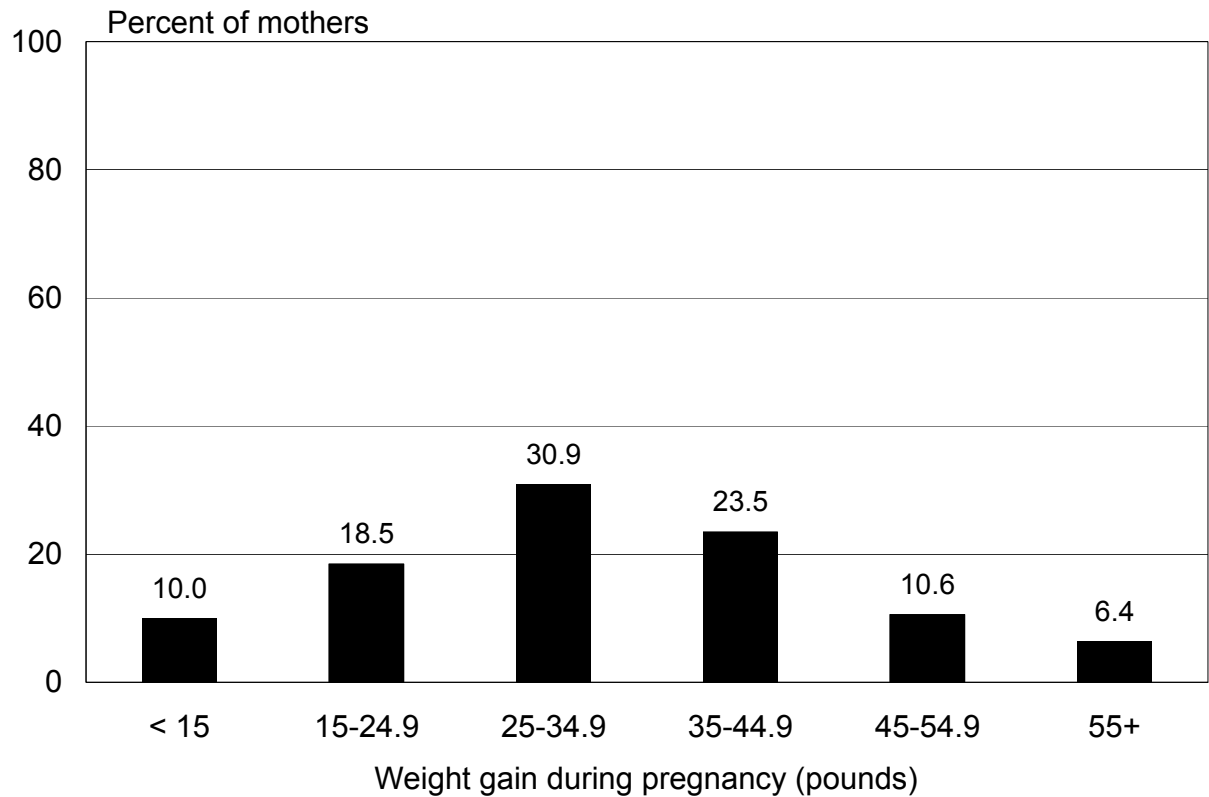
Summary

The pre-pregnancy body-mass index (BMI) is the ratio of a woman's pre-pregnancy weight to her height (squared). Having either a low or high pre-pregnancy BMI is a risk factor for certain medical complications for the mother and poor birth outcomes for the infant. Just before pregnancy, 31.9 percent of Idaho resident adult mothers were overweight or obese (BMI > 24.9), and 16.4 percent were underweight (BMI < 19.8).

Idaho PRATS

Weight Gain During Pregnancy

1999



Summary

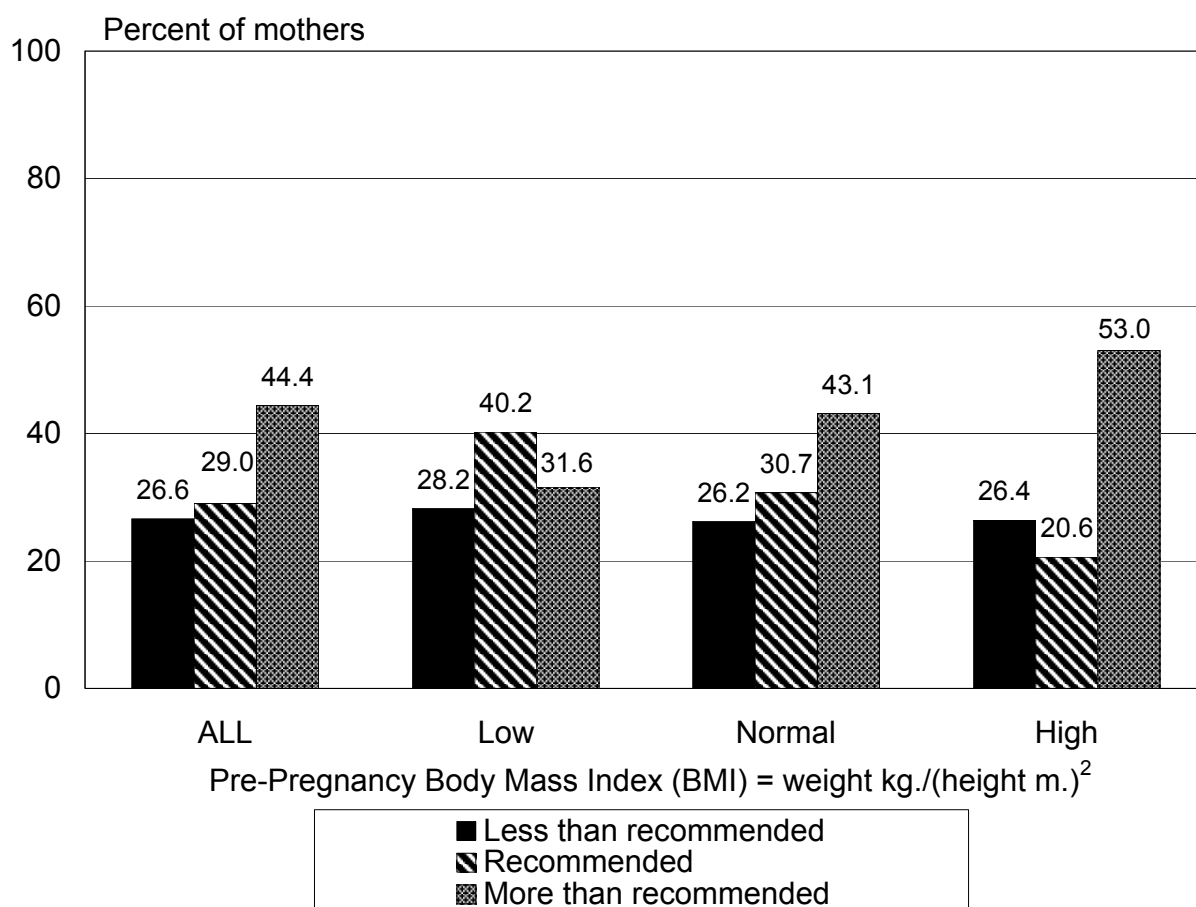
Approximately half of Idaho resident adult mothers gained 15 to 34.9 pounds during pregnancy. The average weight gain was 30.8 pounds.

Idaho PRATS

Recommended Weight Gain During Pregnancy

By Mother's Pre-Pregnancy Body-Mass Index (BMI)

1999

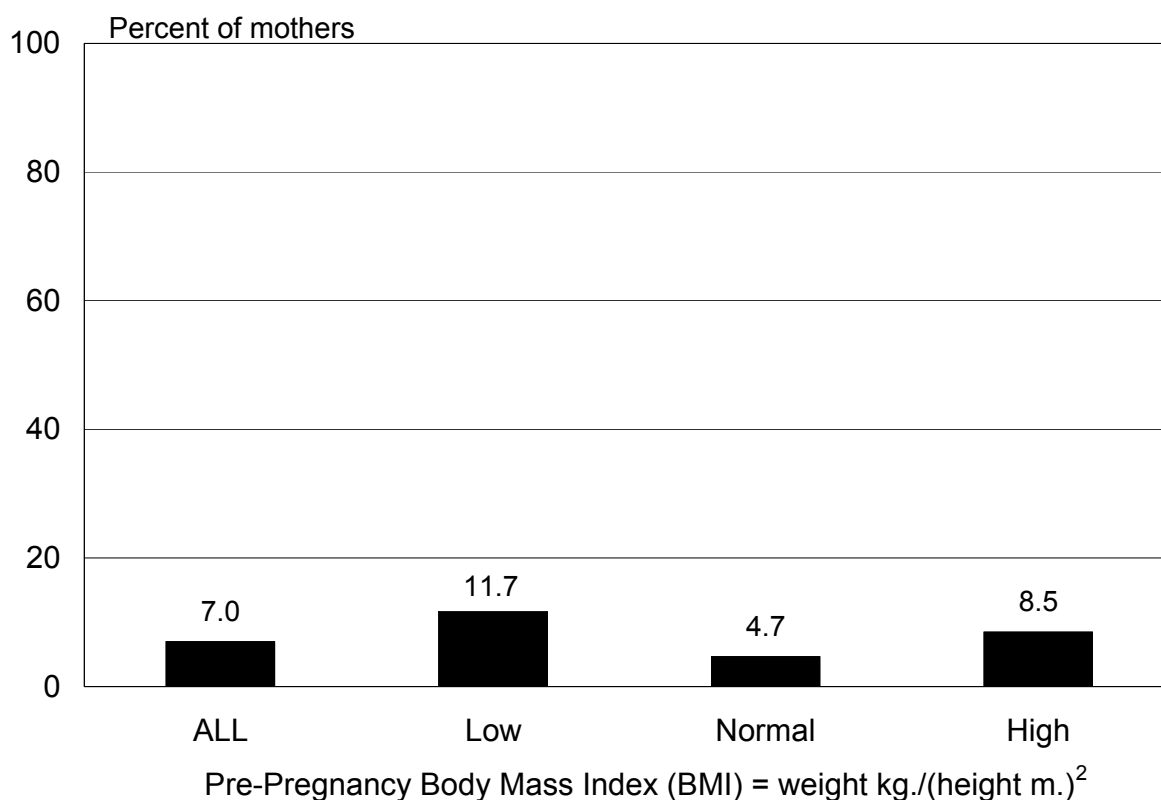


Summary

Overall, slightly less than half of Idaho resident adult mothers gained more than the recommended weight for their pre-pregnancy weight-for-height ratio (BMI). Recommendations for pregnancy weight gain are as follows (Institute of Medicine 1990): 28-40 pounds for women with low BMI (< 19.8), 25-35 pounds for women with normal BMI (19.8 to 24.9), and 15-25 pounds for women with high BMI (25+).

Idaho PRATS

Prevalence of Preterm Delivery (< 37 Weeks Gestation) By Mother's Pre-Pregnancy Body-Mass Index (BMI) 1999

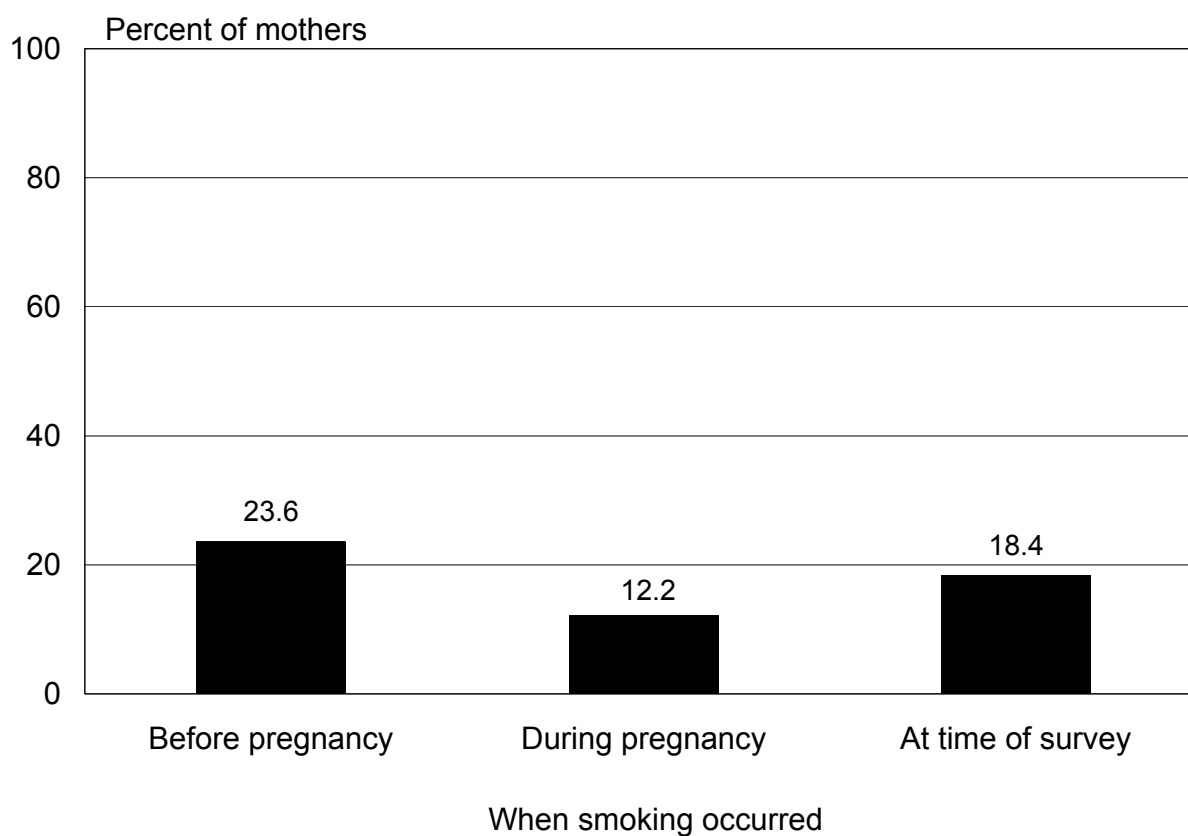


Summary

Idaho resident adult mothers who had either a low or high pre-pregnancy body mass index (BMI) were at an increased risk for preterm delivery (< 37 weeks gestation), compared with mothers who had a normal pre-pregnancy BMI. The stated difference is statistically significant (alpha = .05). Recommendations for pregnancy weight gain are as follows (Institute of Medicine 1990): 28-40 pounds for women with low BMI (< 19.8), 25-35 pounds for women with normal BMI (19.8 to 24.9), and 15-25 pounds for women with high BMI (25+).

TOBACCO AND ALCOHOL USE

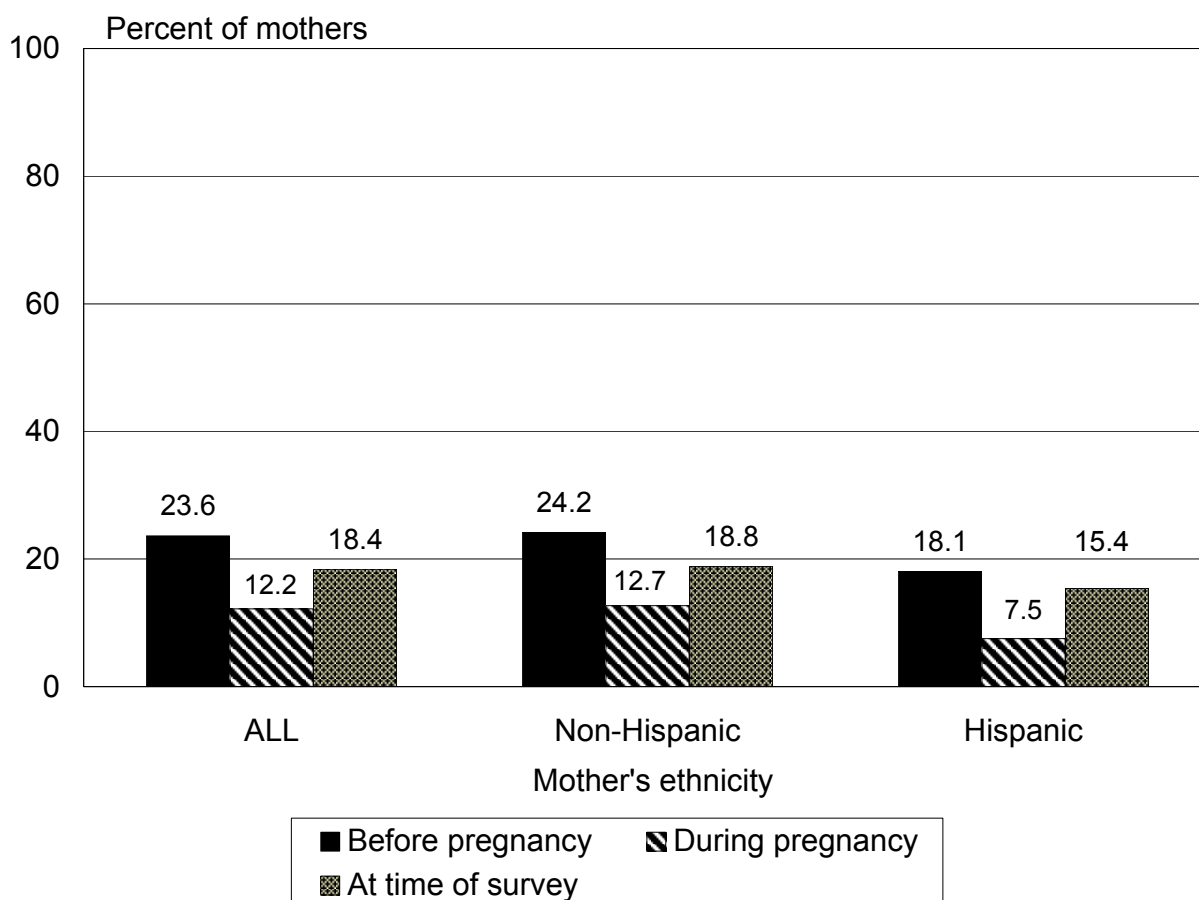
Idaho PRATS Tobacco Use 1999



Summary

Approximately 1 of 4 Idaho resident adult mothers reported smoking during the three months prior to becoming pregnant (23.6 percent). During the last three months of pregnancy, 12.2 percent of mothers reported smoking. At the time of the survey, 18.4 percent of mothers reported that they were currently smoking.

Idaho PRATS Tobacco Use By Mother's Ethnicity 1999

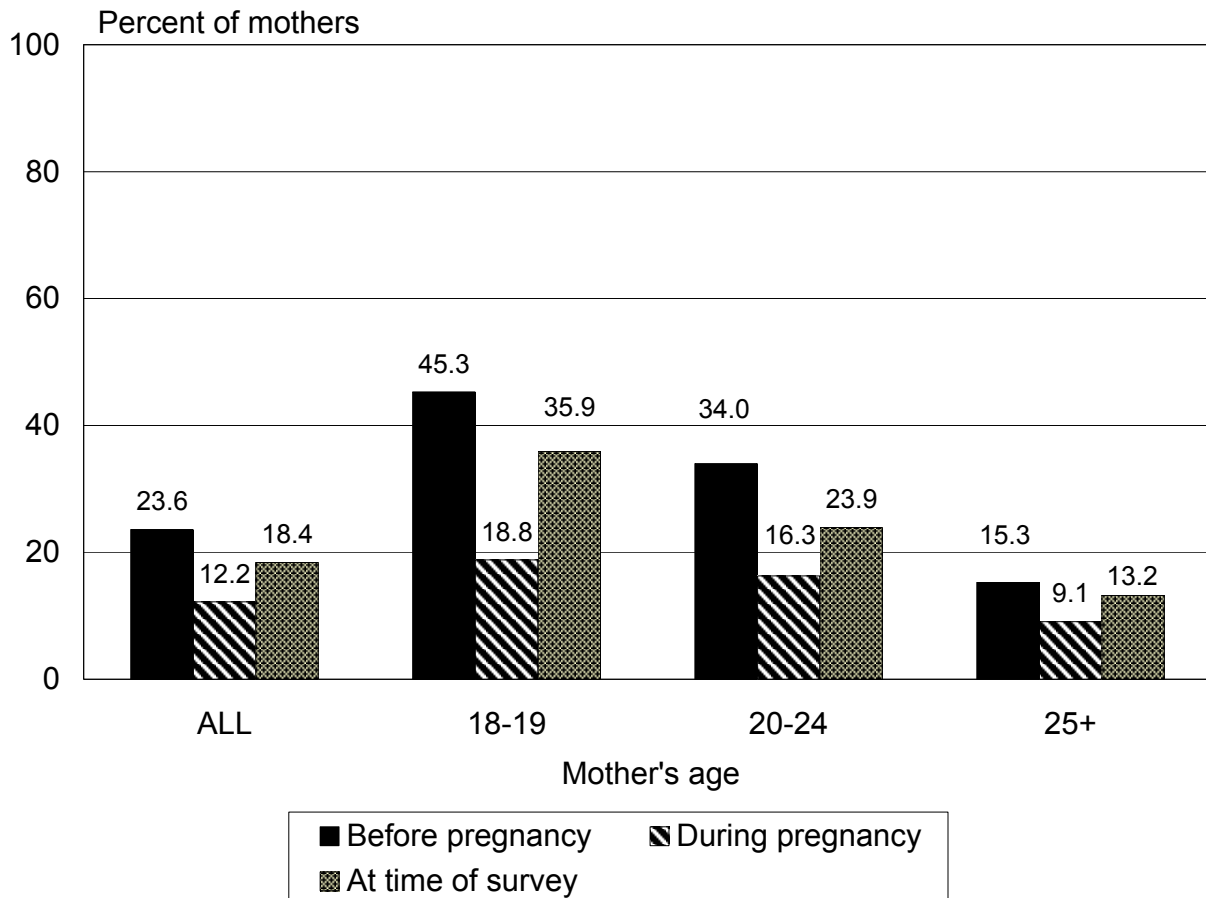


Summary

From the graph, it appears that Hispanic mothers were less likely to smoke before, during, and after pregnancy than were non-Hispanic mothers; however, the differences are not statistically significant ($\alpha = .05$).

Approximately 1 of 4 Idaho resident adult mothers reported smoking during the three months prior to becoming pregnant (23.6 percent). During the last three months of pregnancy, 12.2 percent of mothers reported smoking. At the time of the survey, 18.4 percent of mothers reported that they were currently smoking.

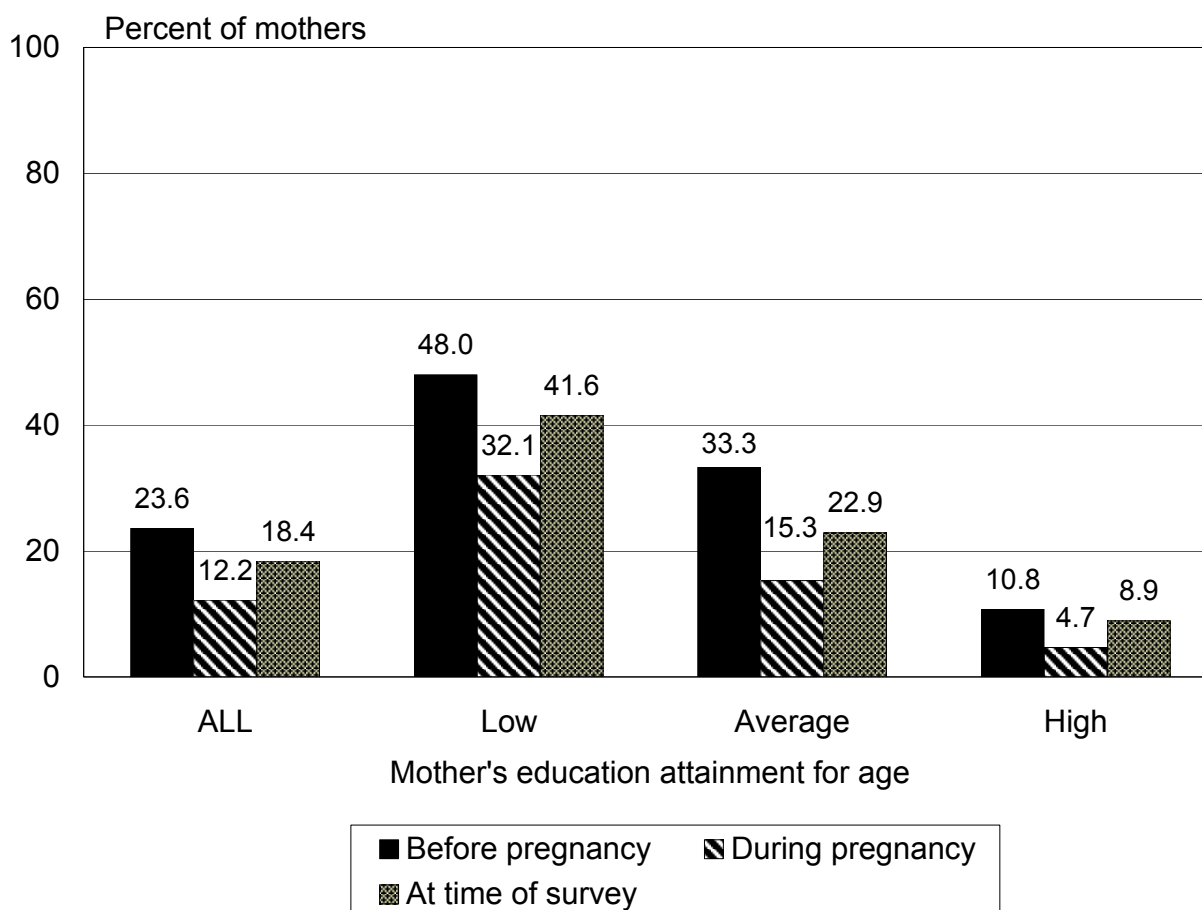
Idaho PRATS Tobacco Use By Mother's Age 1999



Summary

Idaho resident adult mothers 18-19 years of age were 3.0 times more likely to smoke before pregnancy, 2.1 times more likely to smoke during pregnancy, and 2.7 times more likely to smoke after pregnancy, compared with mothers 25 years of age or older. The stated relative risks are statistically significant ($\alpha = .05$). Mothers 20-24 years of age were also more likely to smoke during the perinatal period than were mothers 25 years of age or older. When comparing mothers 18-19 years of age and mothers 20-24 years of age, the observed differences are not statistically significant ($\alpha = .05$).

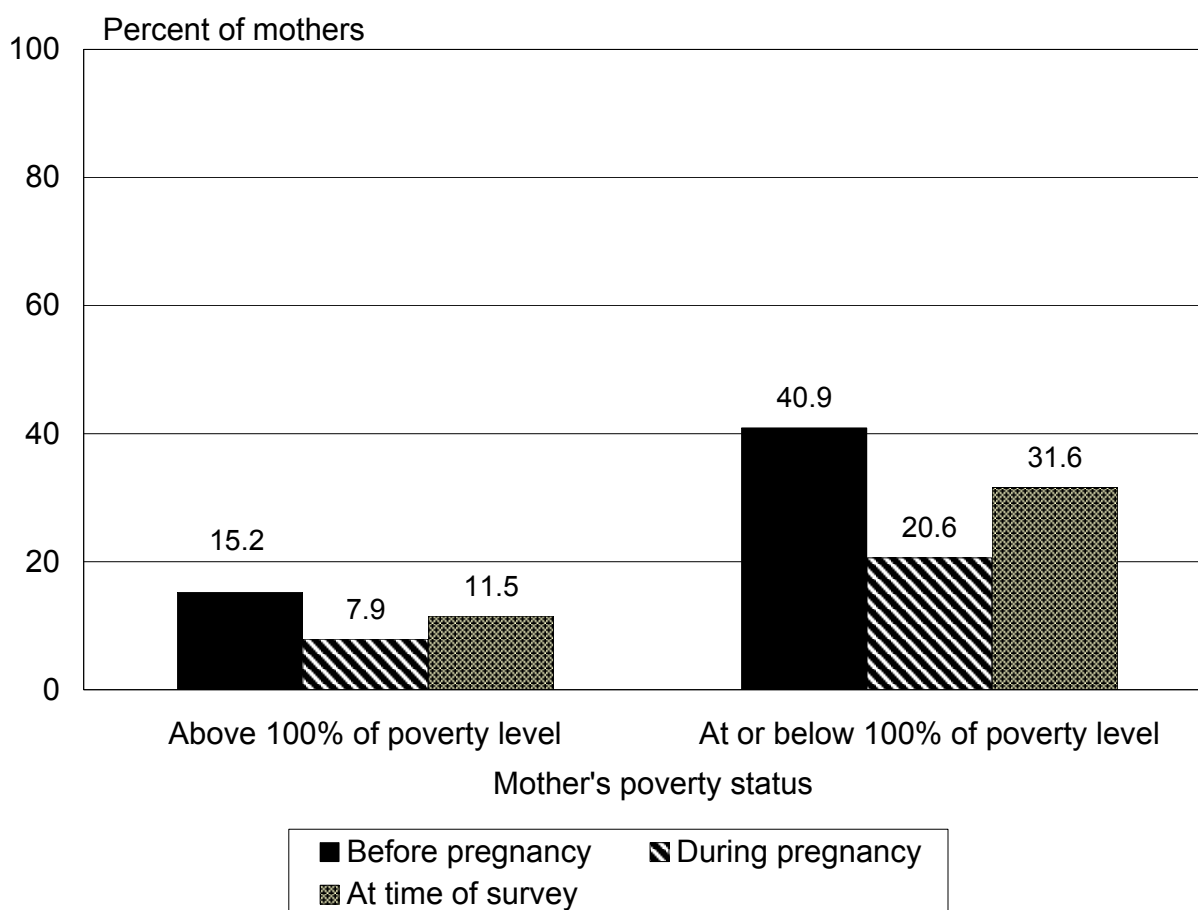
Idaho PRATS Tobacco Use By Mother's Education Attainment for Age 1999



Summary

Idaho resident adult mothers who had low education attainment for age were 4.4 times more likely to smoke during the 3-month period before pregnancy, and 6.8 times more likely to smoke during pregnancy, compared with mothers with high education attainment for age (statistically significant at $\alpha = .05$). See Appendix for definition of education attainment for age.

Idaho PRATS Tobacco Use By Mother's Poverty Status 1999



Summary

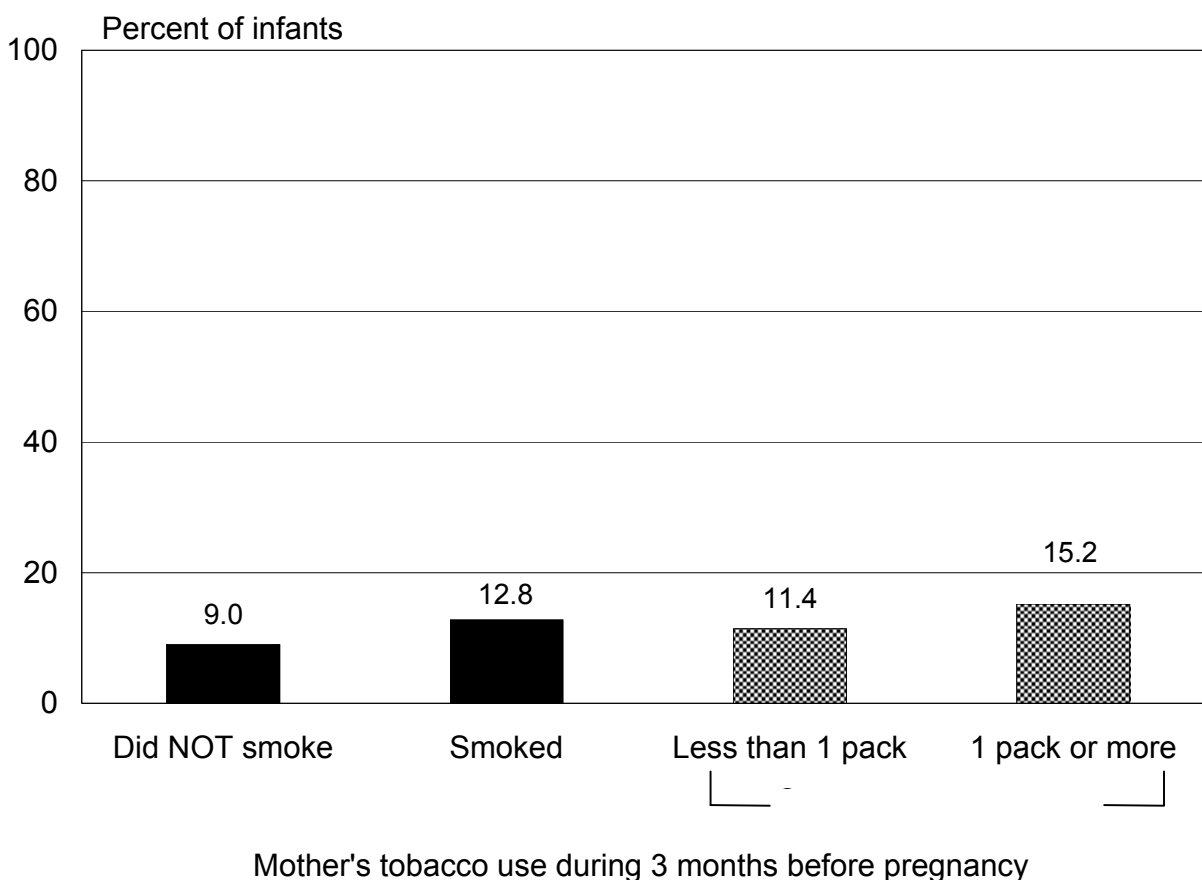
Idaho resident adult mothers living at or below 100 percent of the poverty level were approximately three times more likely to smoke before, during, and after pregnancy, compared with mothers above the poverty level (Federal Poverty Thresholds 1998, statistically significant at $\alpha = .05$).

Idaho PRATS

Infants Born Small-for-Gestational Age

By Quantity Mother Smoked Per Day Before Pregnancy

1999



Summary

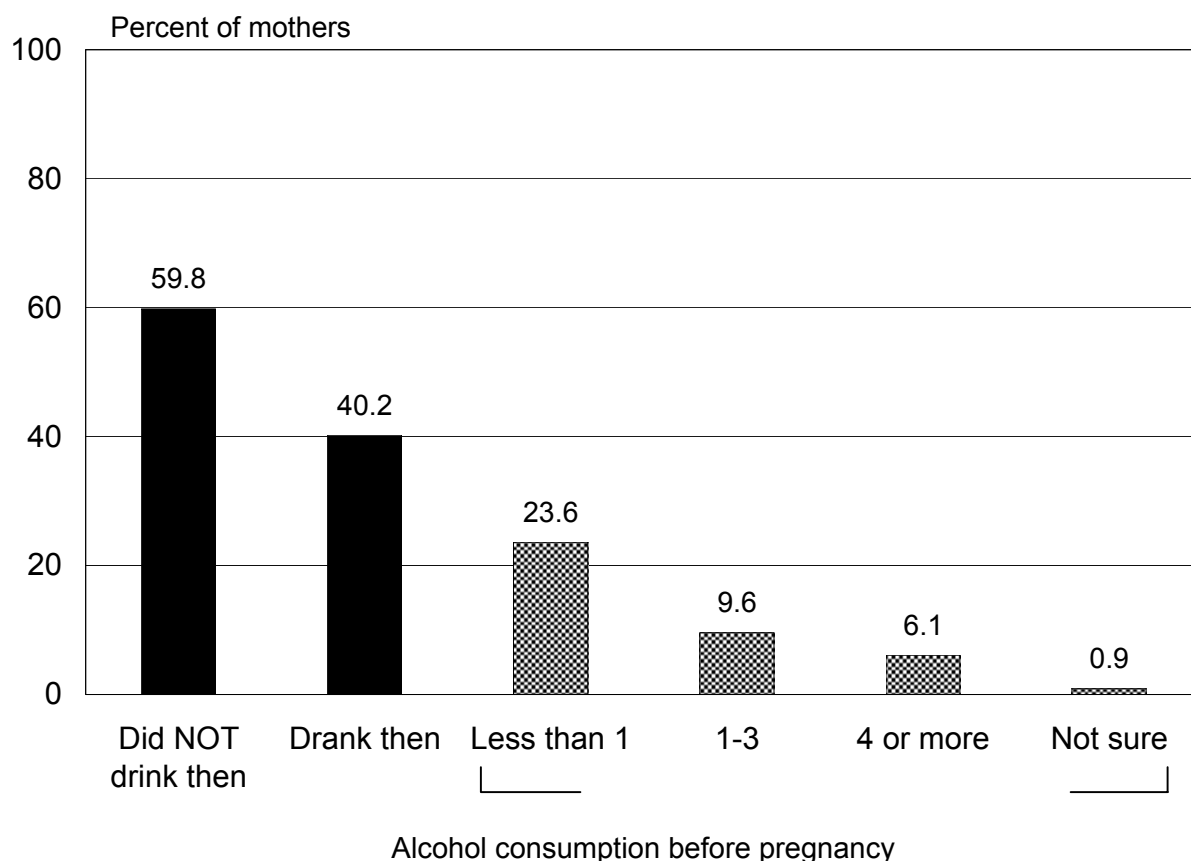
Idaho resident adult mothers who reported smoking 1 pack of cigarettes or more per day during the 3-month period before pregnancy had a higher incidence of having an infant born small-for-gestational age, compared with mothers who did not smoke. The stated difference is statistically significant ($\alpha = .05$). The difference between mothers who smoked less than 1 pack per day and mothers who smoked 1 or more pack(s) per day is not statistically significant ($\alpha = .05$). See Appendix for definition of small-for-gestational age.

Idaho PRATS

Alcohol Consumption

During the 3 Months Before Becoming Pregnant

1999



Summary

PRATS respondents were asked how many alcoholic drinks they had in an average week during the 3 months before pregnancy. The data indicate that 40.2 percent of Idaho resident adult mothers drank some amount of alcohol per week during the 3 months before becoming pregnant. The majority of mothers who reported alcohol consumption drank less than 1 drink per week.

Idaho PRATS

Alcohol Consumption

During the 3 Months Before Delivery

1999



Summary

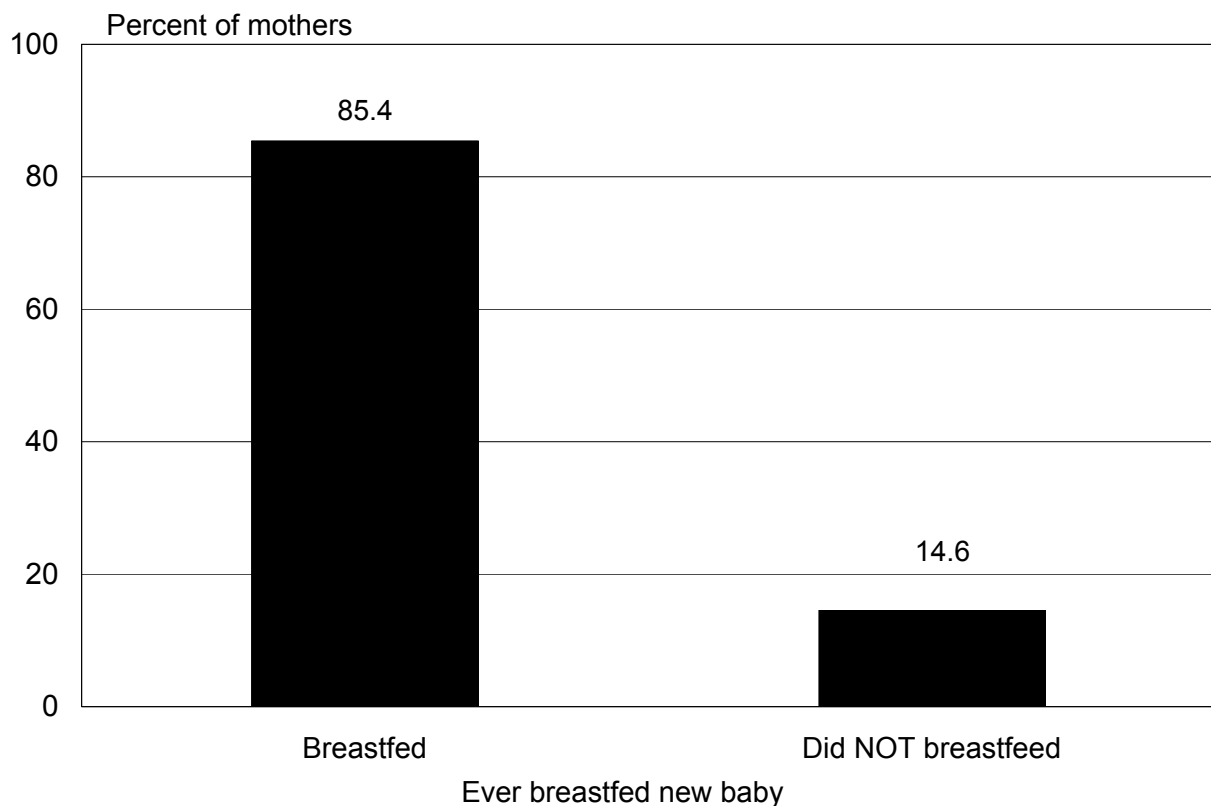
PRATS respondents were asked how many alcoholic drinks they had, in an average week, during the 3 months before delivery. The data indicate that 3.3 percent of Idaho resident adult mothers drank some amount of alcohol during the 3 months before delivery. The majority of mothers who reported alcohol consumption drank less than 1 drink per week.

BREASTFEEDING

Idaho PRATS

Mothers Who Breastfed Their New Baby

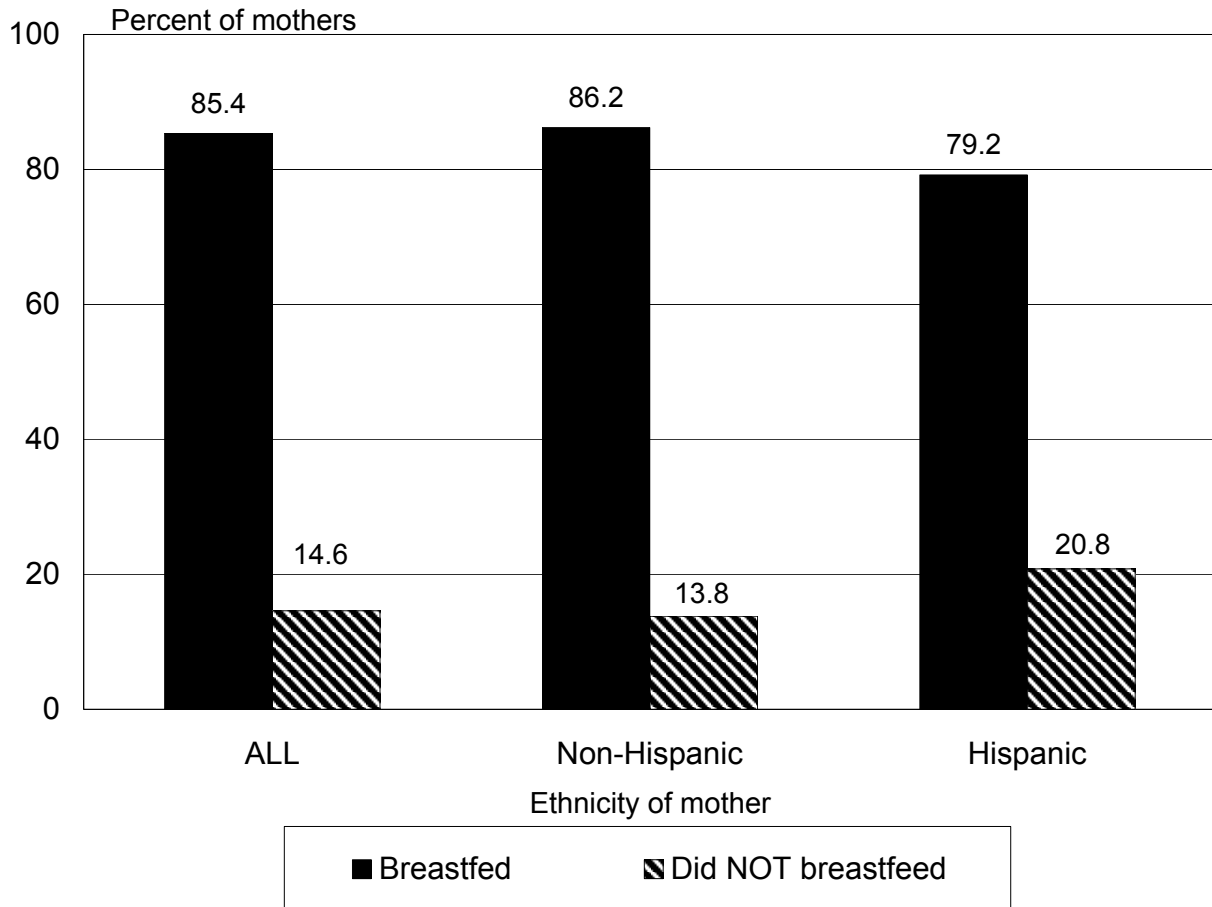
1999



Summary

PRATS respondents were asked whether they had ever breastfed their new baby. Without reference to length of time, 85.4 percent of Idaho resident adult mothers breastfed their new baby.

Idaho PRATS
Mothers Who Breastfed Their New Baby
By Mother's Ethnicity
1999



Summary

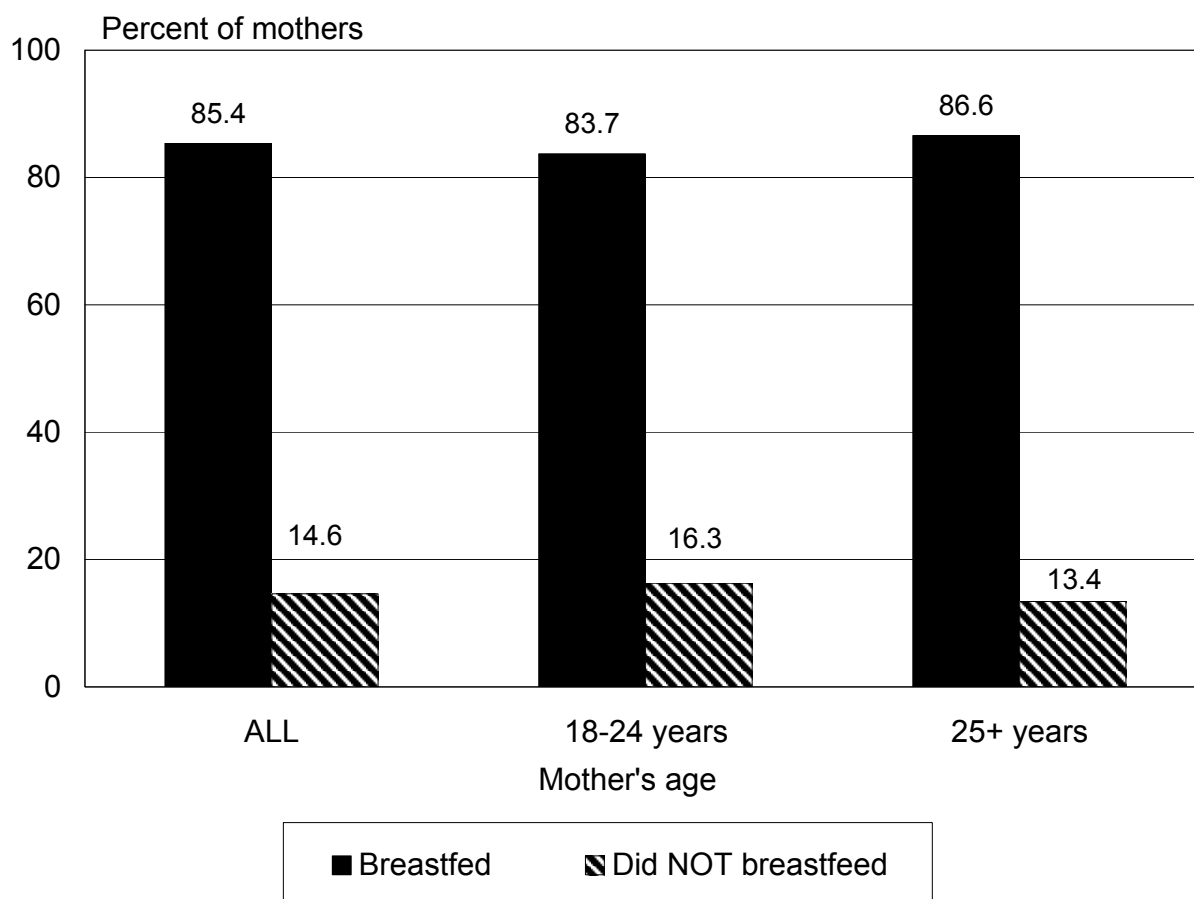
The prevalence of breastfeeding among Idaho resident adult mothers was 79.2 percent for Hispanic mothers, compared with 86.2 percent for non-Hispanic mothers. The difference is not statistically significant ($\alpha = .05$).

Idaho PRATS

Mothers Who Breastfed Their New Baby

By Mother's Age

1999

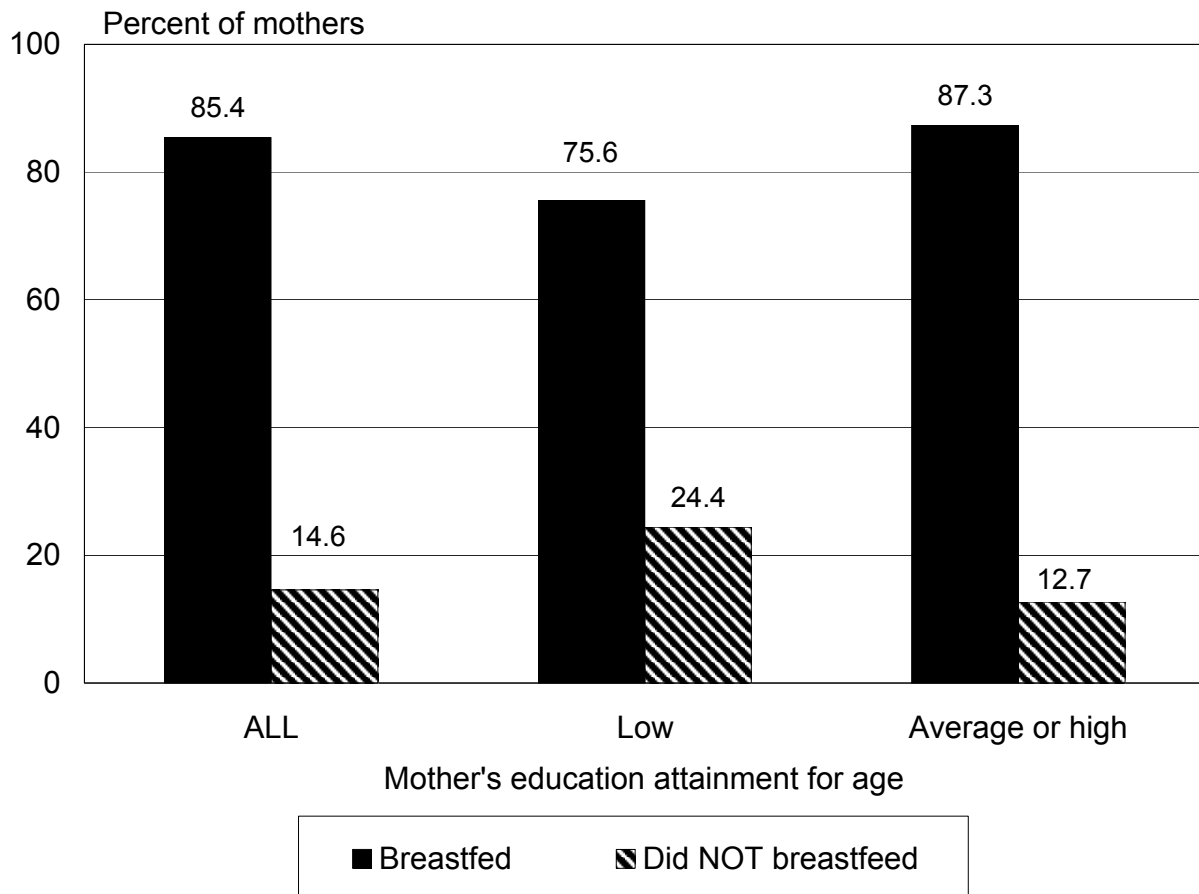


Summary

The prevalence of breastfeeding among Idaho resident adult mothers was 83.7 percent for mothers 18-24 years of age, compared with 86.6 percent for mothers 25 years of age or older. The difference is not statistically significant ($\alpha = .05$).

Idaho PRATS

Mothers Who Breastfed Their New Baby By Mother's Education Attainment for Age 1999



Summary

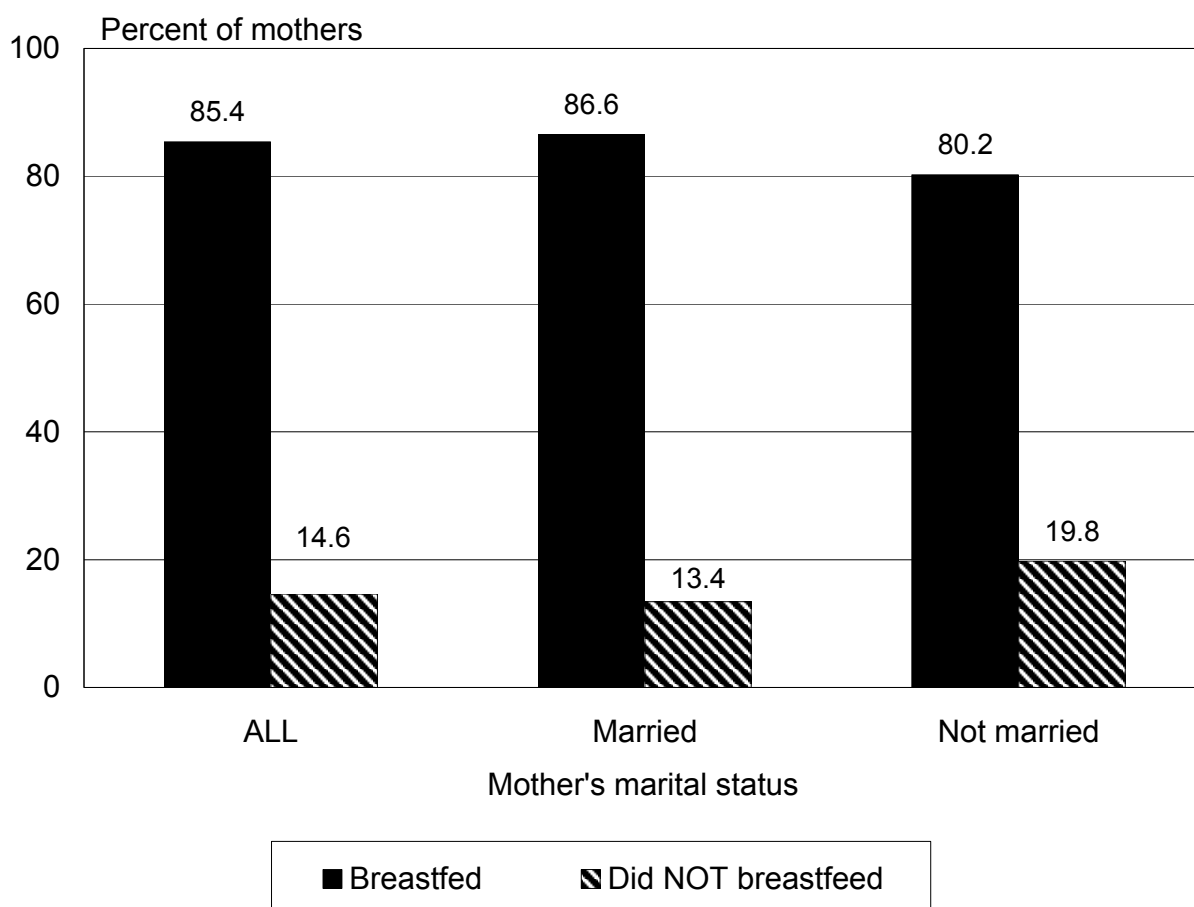
The prevalence of breastfeeding among Idaho resident adult mothers was 87.3 percent for mothers with average or high education for age, compared with 75.6 percent for mothers with low education attainment for age. The difference is statistically significant ($\alpha = .05$).

Idaho PRATS

Mothers Who Breastfed Their New Baby

By Mother's Marital Status

1999



Summary

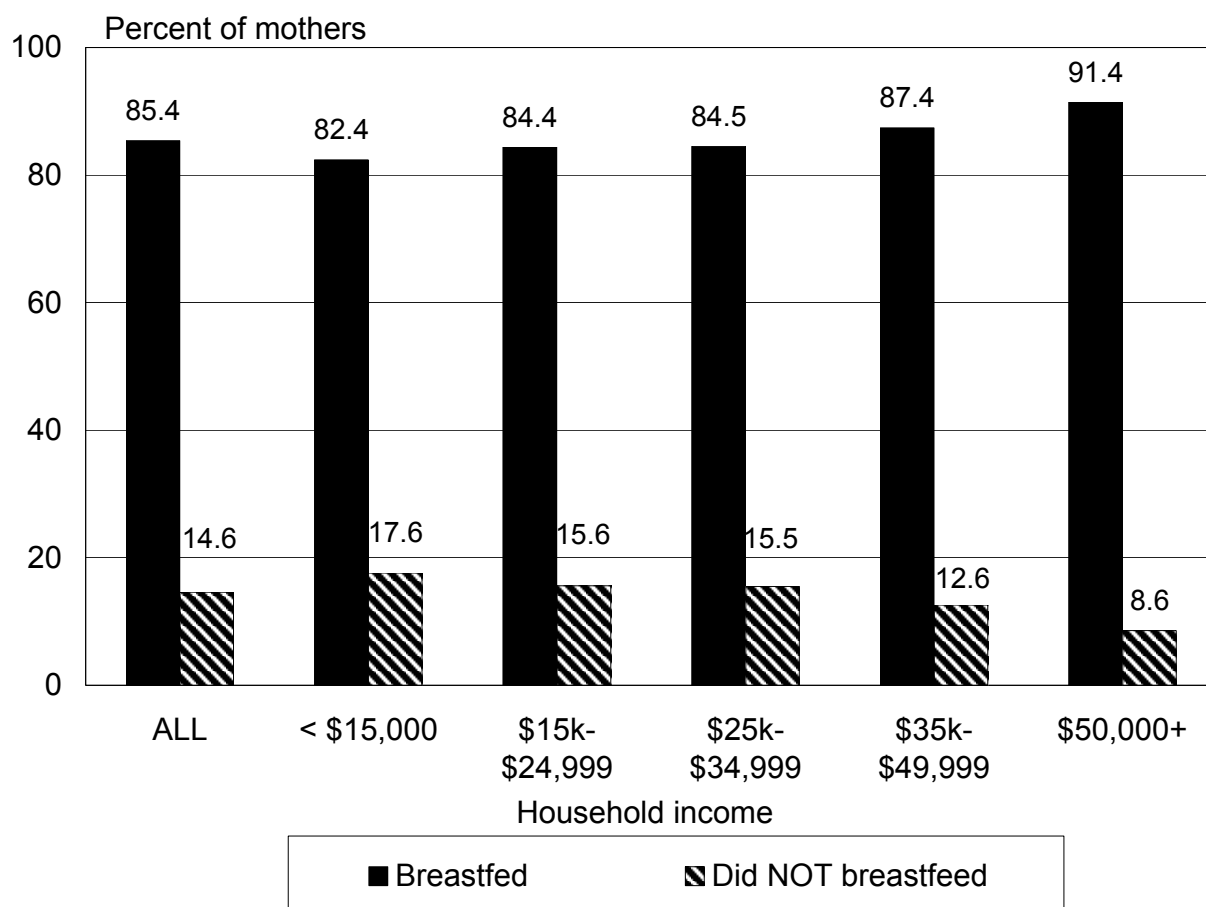
The prevalence of breastfeeding among Idaho resident adult mothers was 86.6 percent for mothers who were married, compared with 80.2 percent for mothers who were not married. The difference is statistically significant (alpha = .05).

Idaho PRATS

Mothers Who Breastfed Their New Baby

By Household Income 12 Months Prior to Pregnancy

1999



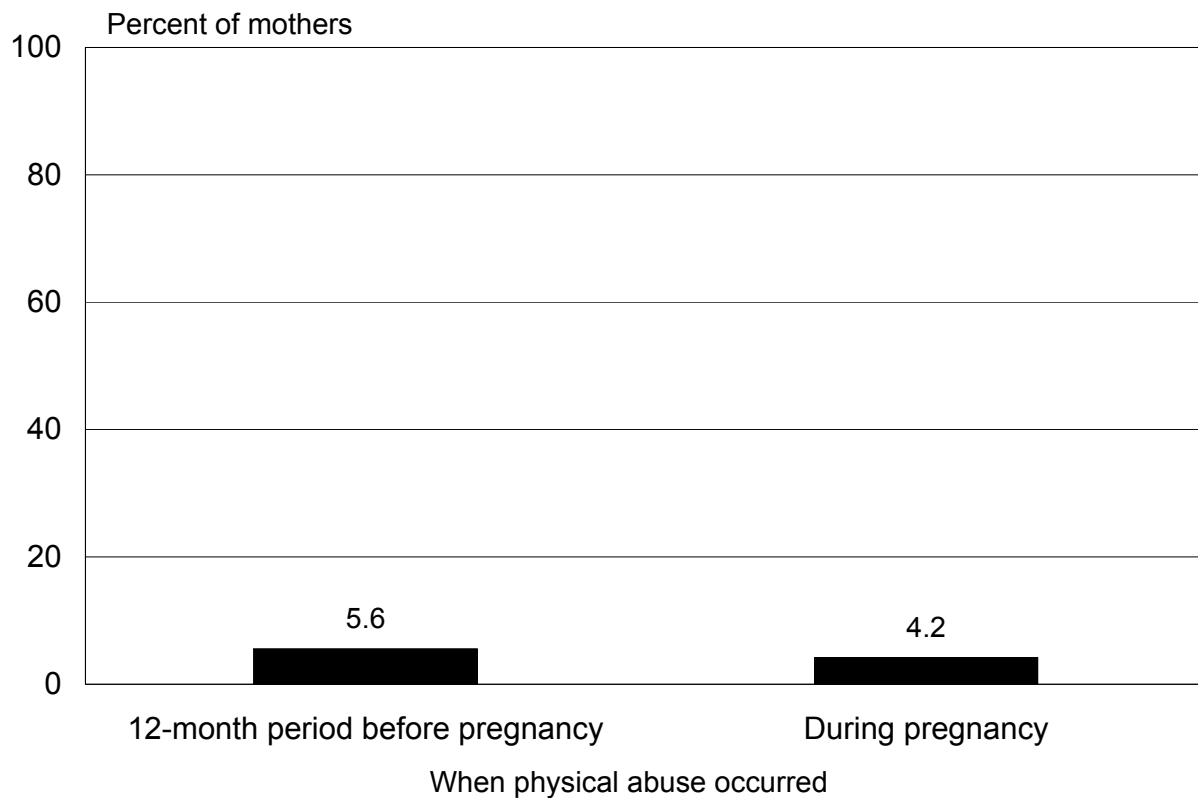
Summary

There were small incremental increases in breastfeeding rates as mother's household income increased. There was a difference of 9 percentage points in breastfeeding rates between mothers in the "\$50,000+" income group and mothers in the "< \$15,000" income group. The difference is statistically significant (alpha = .05).

PHYSICAL ABUSE

Idaho PRATS

Mothers Who Were Physically Abused Before and During Pregnancy 1999

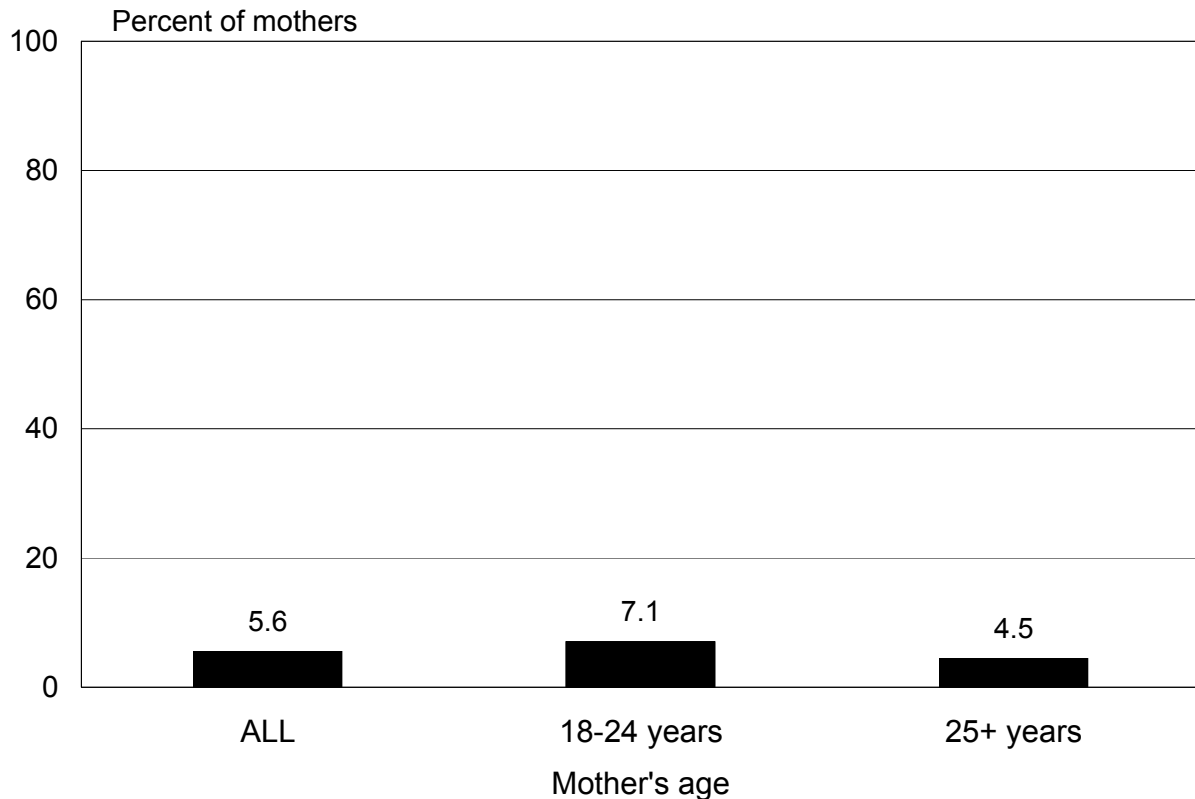


Summary

During the 12-month period before pregnancy, 5.6 percent of Idaho resident adult mothers reported that they were physically abused. During pregnancy, 4.2 percent of mothers reported that they were physically abused. The difference between the two rates is not statistically significant ($\alpha = .05$).

Idaho PRATS

Mothers Who Were Physically Abused 12-Months Before Pregnancy By Mother's Age 1999

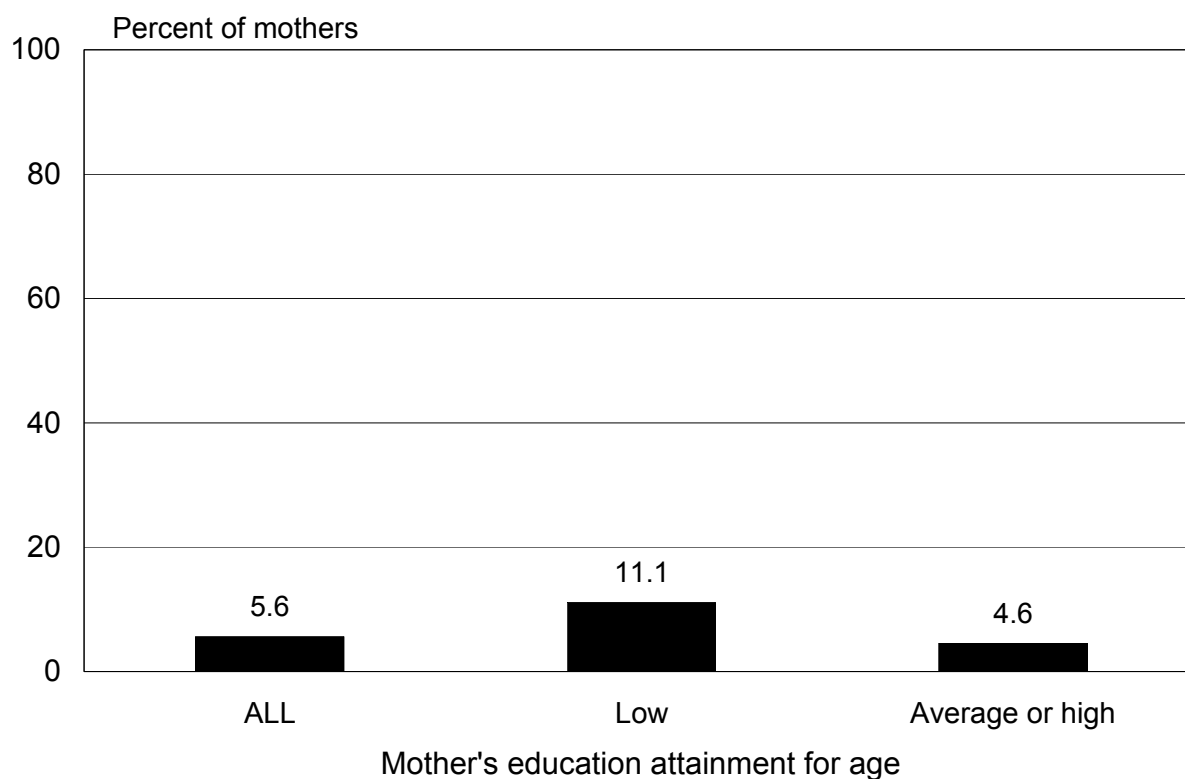


Summary

The risk of physical abuse during the 12-month period before pregnancy was slightly higher for Idaho resident mothers 18-24 years of age (7.1 percent), compared with mothers 25 years of age or older (4.5 percent). The difference is statistically significant ($\alpha = .05$).

Idaho PRATS

Mothers Who Were Physically Abused 12-Months Before Pregnancy By Mother's Education Attainment for Age 1999

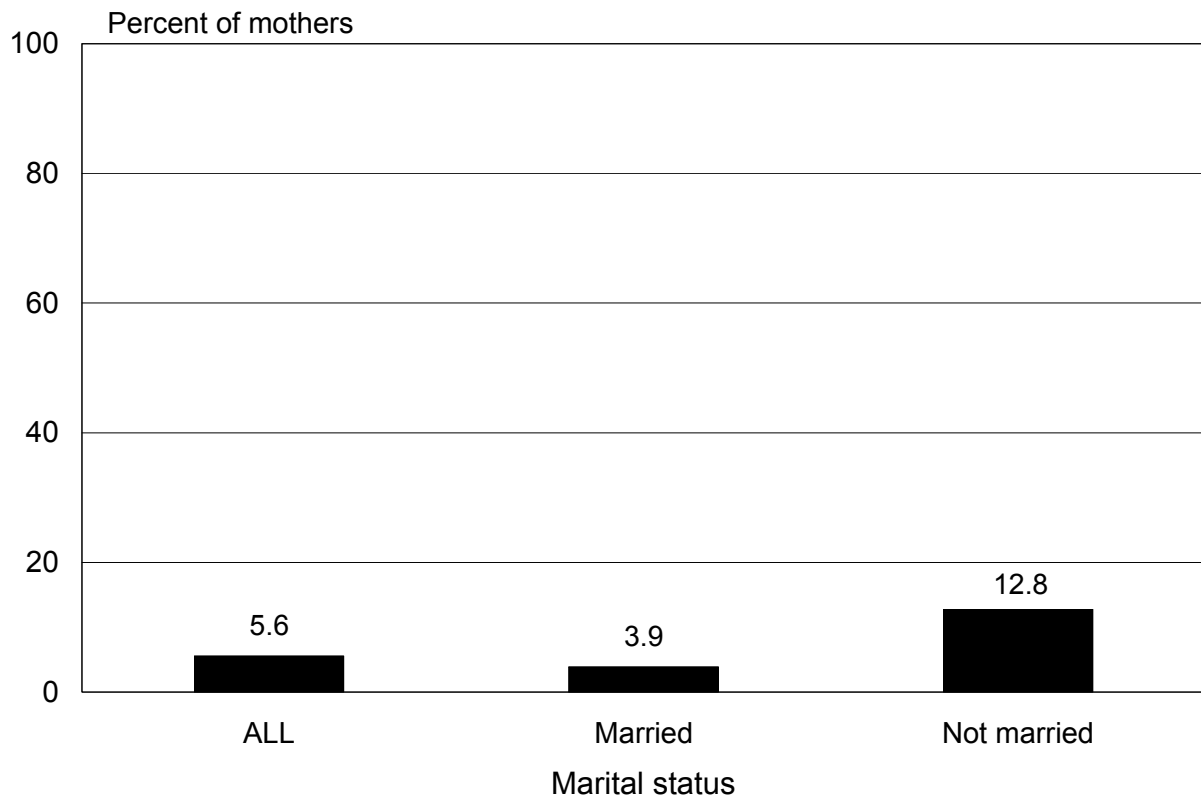


Summary

The risk of physical abuse during the 12-month period before pregnancy was higher for Idaho resident adult mothers with low education attainment for age (11.1 percent) than for mothers with average or high education attainment for age (4.6 percent), (statistically significant, $\alpha = .05$).

Idaho PRATS

Mothers Who Were Physically Abused 12-Months Before Pregnancy By Mother's Marital Status 1999



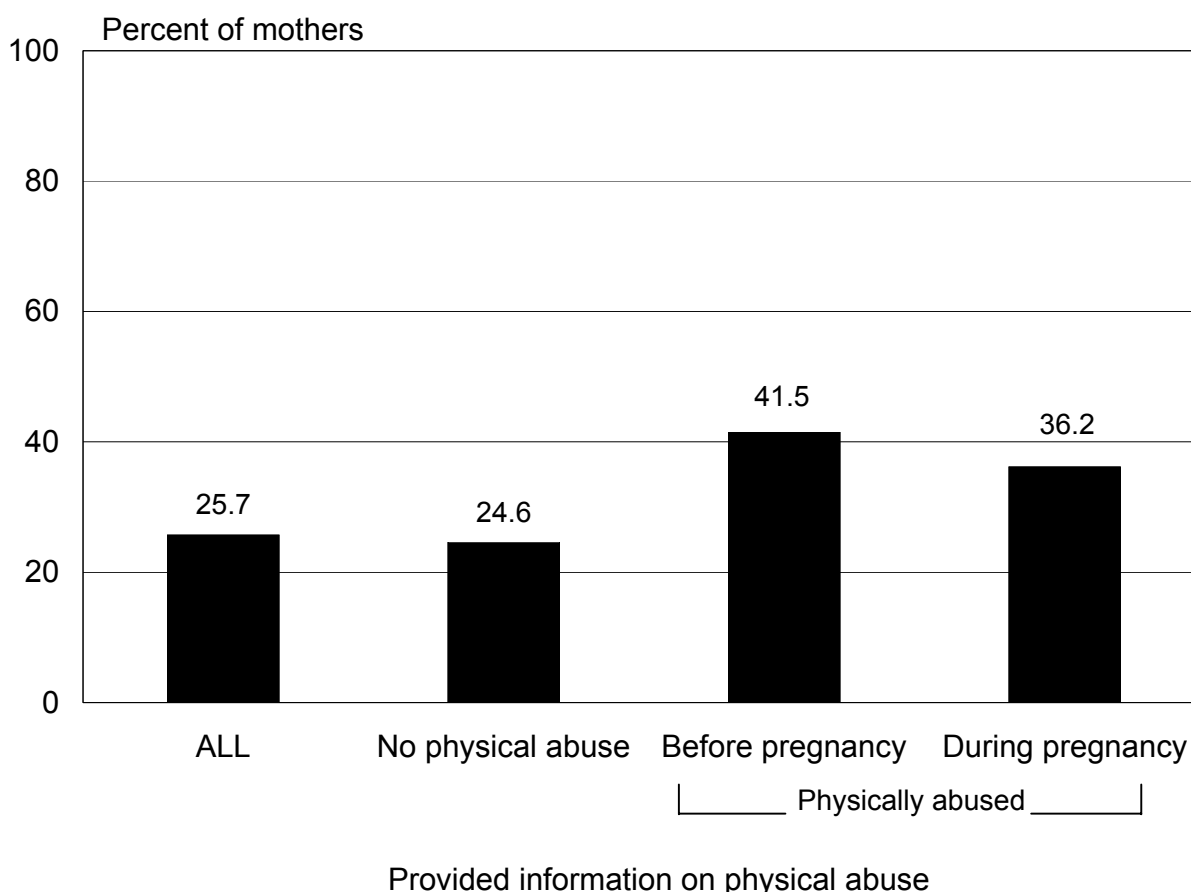
Summary

The risk of physical abuse during the 12-month period before pregnancy was higher for unmarried women (12.8 percent) than married women (3.9 percent). The observed difference is statistically significant ($\alpha = .05$). Unmarried women who were physically abused reported being abused by a partner, ex-husband, ex-boyfriend, friend, and/or relative.

Idaho PRATS

Mothers Who Were Given Information About Physical Abuse During Prenatal Care Visit(s)

1999



Summary

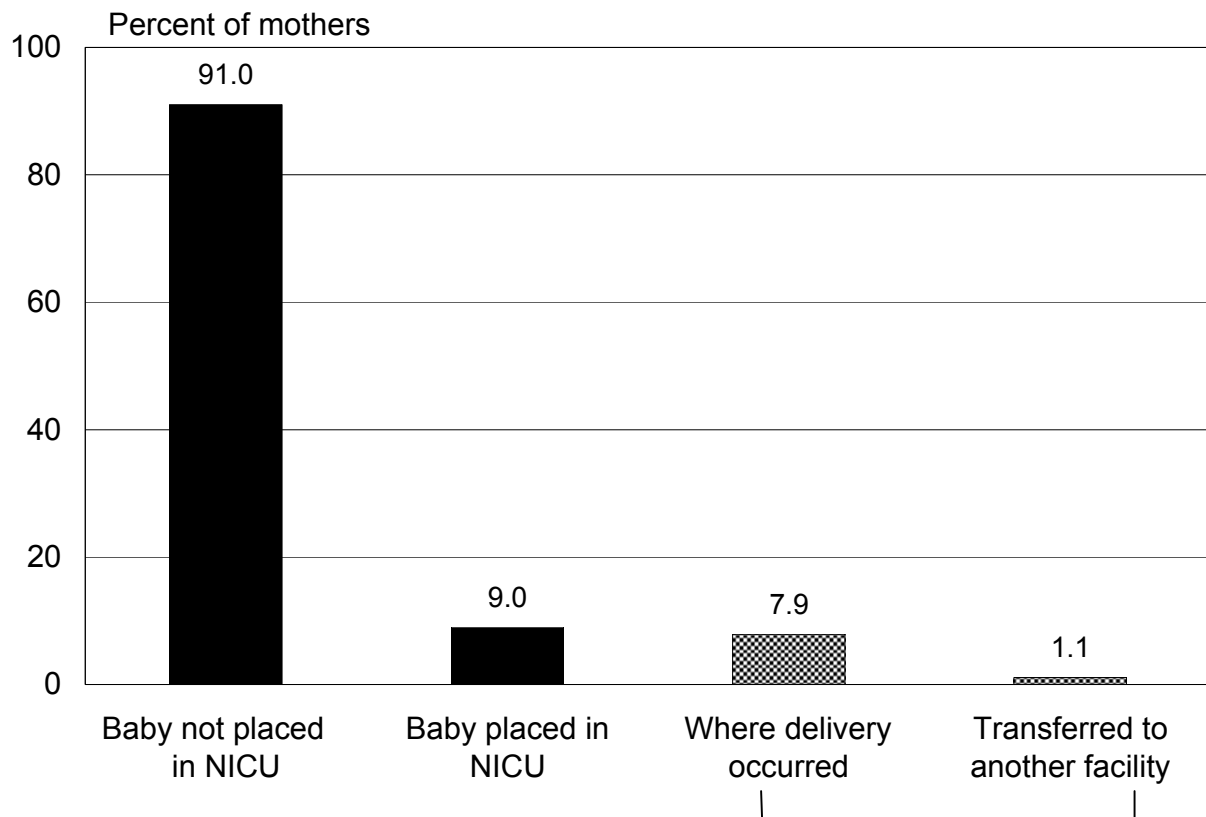
Approximately 1 of 4 Idaho resident adult mothers were given information about physical abuse during prenatal care visit(s). Of women who reported being physically abused during the 12-month period before pregnancy, 41.5 percent were given information pertaining to physical abuse. Of women who reported being physically abused during pregnancy, 36.2 percent were given information pertaining to physical abuse. The differences between all mothers and mothers who were physically abused are statistically significant ($\alpha = .05$).

INFANT HEALTH AND SAFETY

Idaho PRATS

Utilization of Neonatal Intensive Care Units (NICU)

1999



Utilization of neonatal intensive care units (NICU)

Summary

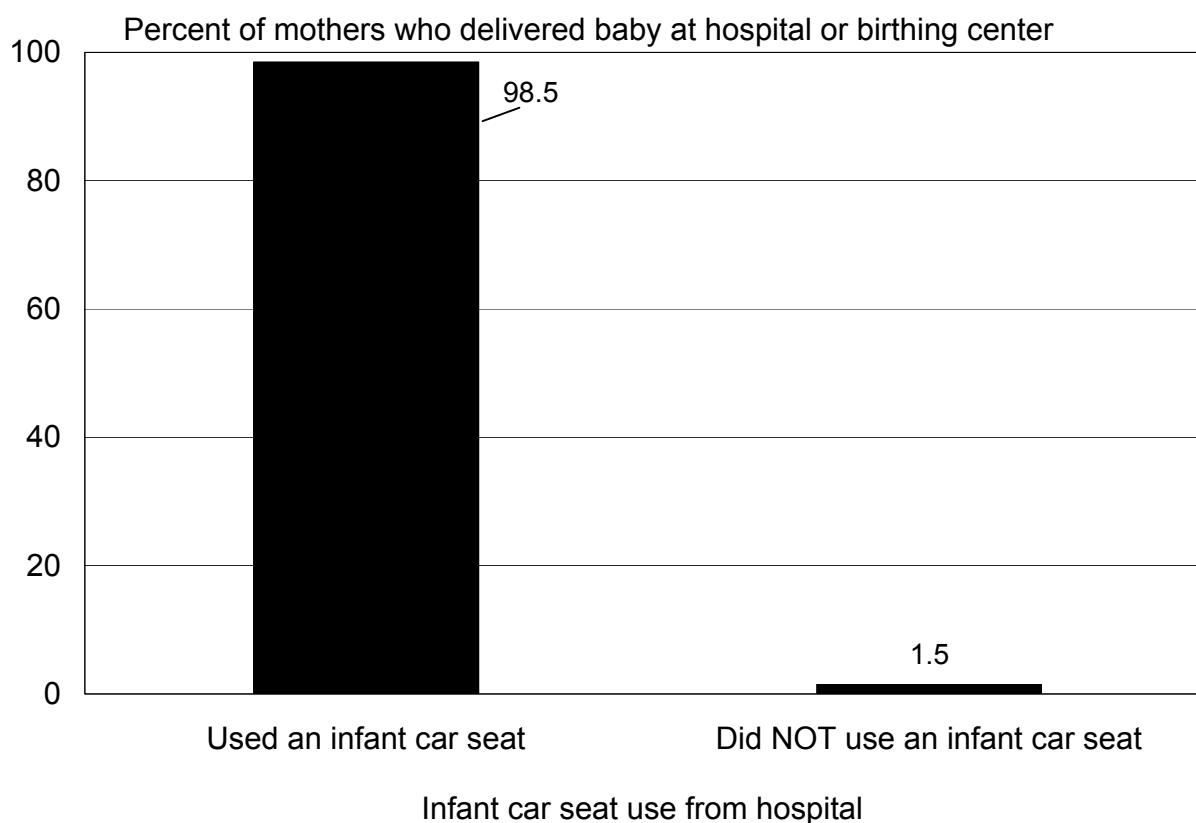
Overall, 9.0 percent of Idaho resident adult mothers reported that their new baby was placed in a neonatal intensive care unit (NICU) after delivery. The majority of these infants were placed in a NICU at the same facility where the delivery occurred. In addition, approximately 1 in 4 mothers whose baby was placed in an intensive care unit were told about community support programs like the Infant Toddler Program or the Children's Special Health Program.

Idaho PRATS

Infant Car Seat Use

(From Hospital to Home)

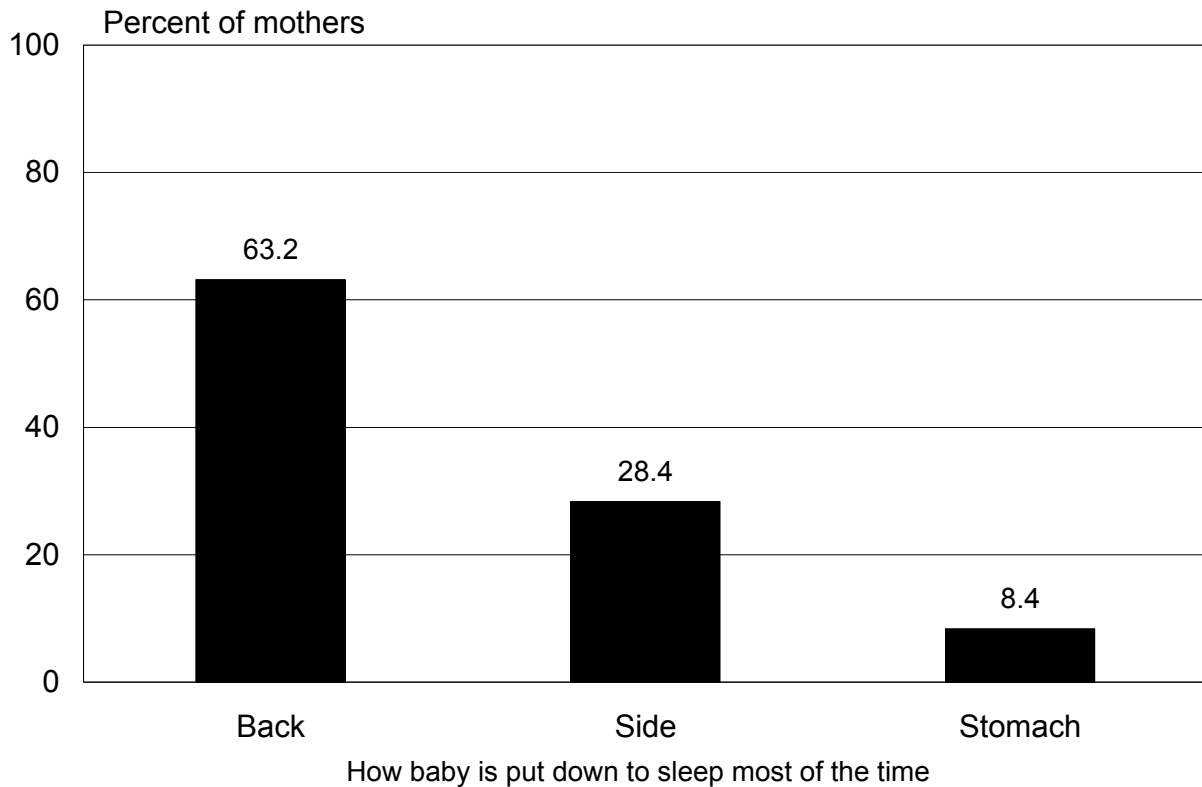
1999



Summary

PRATS respondents were asked if they brought their new baby home using a car seat. Almost all mothers (excluding home births) reported use of an infant car seat when they brought their new baby home from the hospital (98.5 percent).

Idaho PRATS Infant Sleep Position 1999



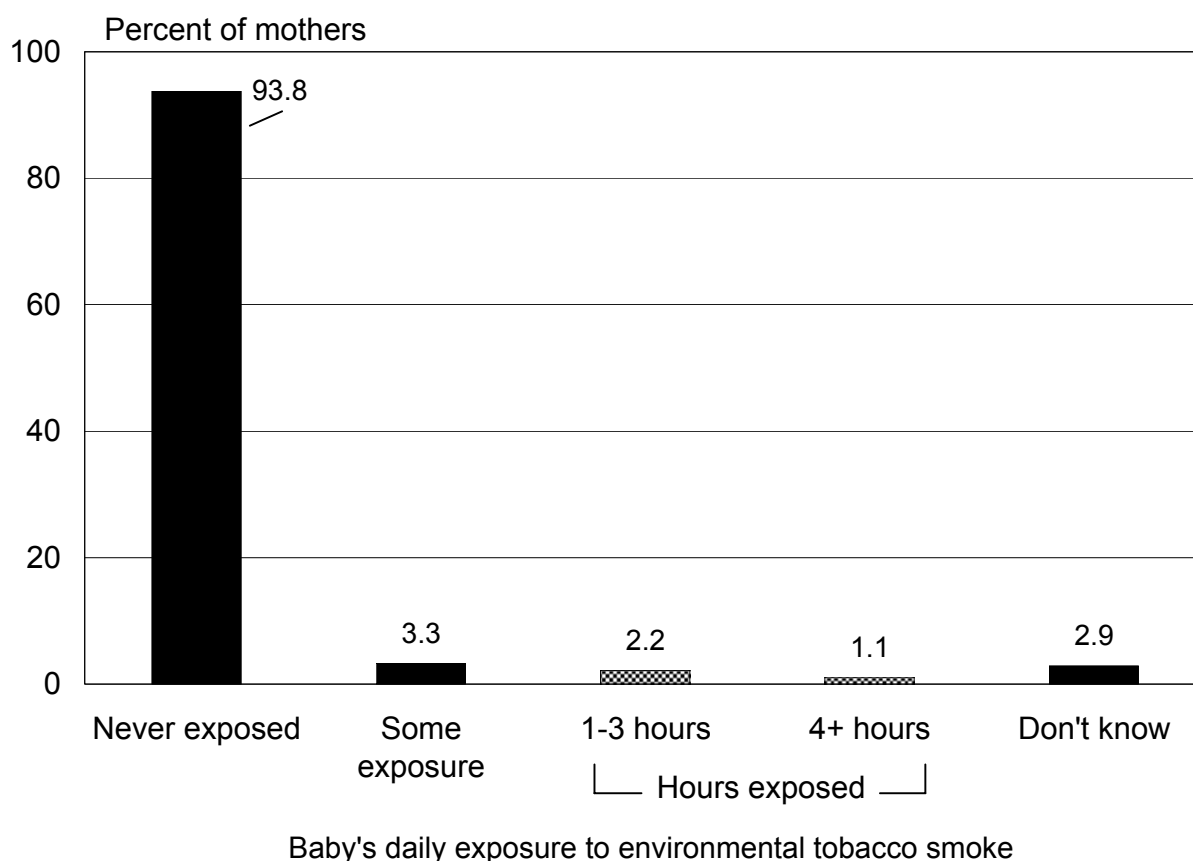
Summary

Since 1992, the American Academy of Pediatrics has recommended that infants be put down to sleep on their backs to reduce the risk of Sudden infant death syndrome (SIDS) (Recommendation 9946). PRATS results indicate that 63.2 percent of Idaho resident adult mothers put their new baby down to sleep on his/her back, most of the time. The prone sleep position (stomach) is a major risk factor for SIDS; 8.4 percent of Idaho resident adult mothers reported that they placed their baby on his/her stomach to sleep, most of the time.

Idaho PRATS

Infant's Daily Exposure to Environmental Tobacco Smoke

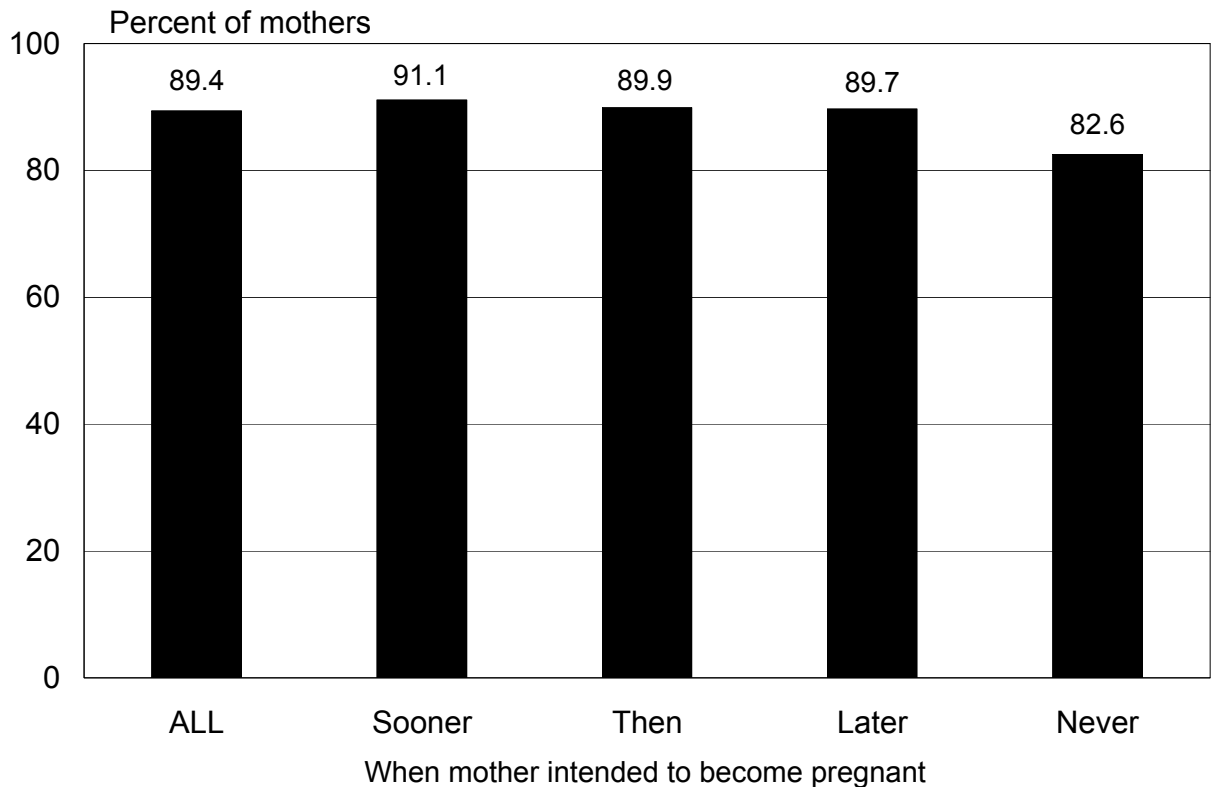
1999



Summary

PRATS respondents were asked about how many hours a day, on average, was their new baby in the same room with someone who was smoking. Only 3.3 percent of Idaho resident adult mothers reported that their new baby had some daily exposure to environmental tobacco smoke. Of these cases, two-thirds were exposed for less than 4 hours per day, and one-third were exposed for 4 hours or more per day.

Idaho PRATS
Prevalence of Having Baby's Immunizations Up-to-Date
By Intendedness of Pregnancy
1999

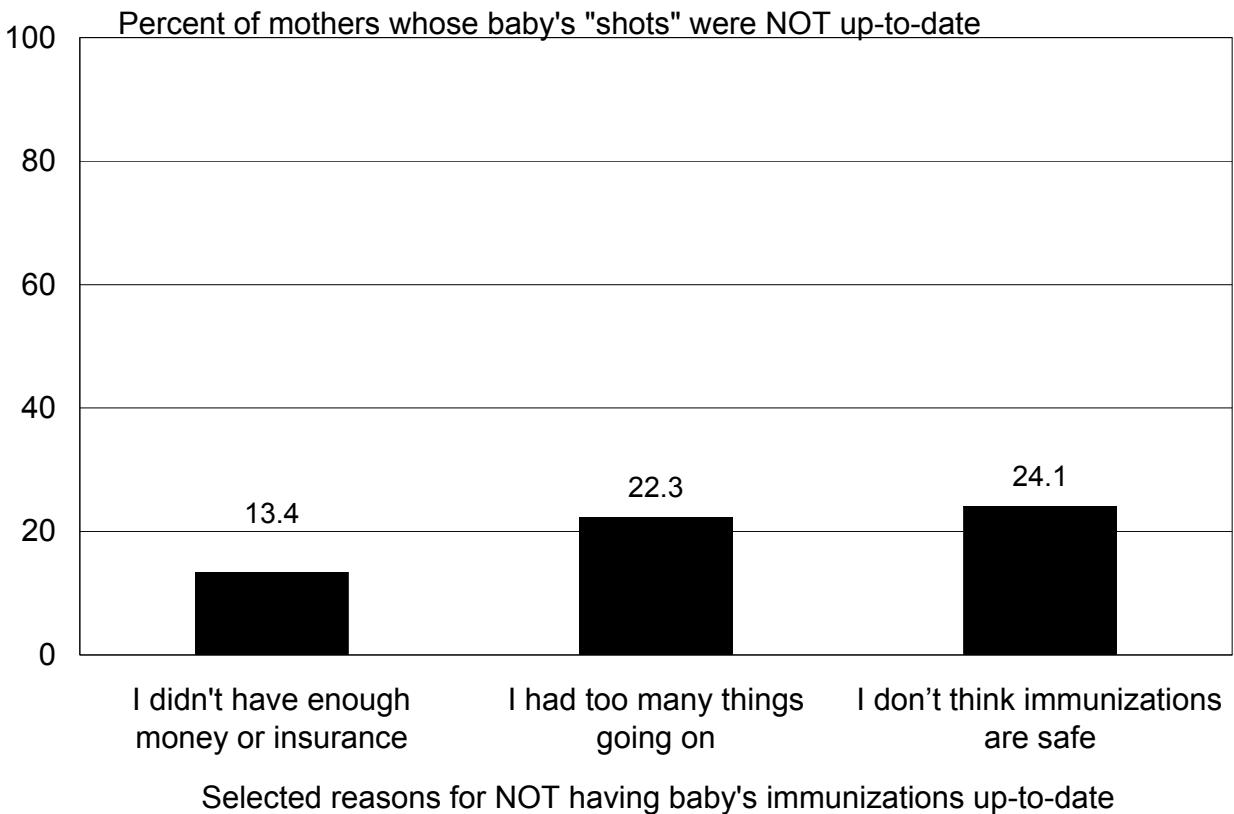


Summary

PRATS respondents were asked whether their baby's immunizations (shots) were up-to-date according to the immunization schedule. Overall, 89.4 percent of Idaho resident adult mothers reported that their baby's immunizations were up-to-date. Mothers who reported that they had not wanted to be pregnant then or at any time in the future were less likely to have their baby's immunizations up-to-date than mothers who had wanted to become pregnant sooner (statistically significant, $\alpha = .05$).

Idaho PRATS

Reasons for NOT Having Baby's Immunizations Up-to-Date 1999



Summary

PRATS respondents who indicated that their baby's immunizations (shots) were not up-to-date were asked to mark the reason(s) why. One of 4 mothers reported that they did not think immunizations were safe. Next, 22.3 percent indicated that they had too many things going on. In addition, 13.4 percent of mothers indicated that they did not have enough money or insurance to pay for it. At or below 10 percent of mothers indicated that either transportation, child care, knowing where to go, appointment availability, and/or understanding of immunization schedule were the reason(s) why they had not fully immunized their new baby (fewer than 20 cases).

QUESTIONNAIRE AND RESULTS

1. Is your baby living with you now?
G Yes / **Go to Question 3**
G No / **Go to Question 2**
2. For what reason is your baby not living with you?
G Adoption
G Death
G Living with relative or friend
G Other

Next are a few questions about the time just before and during your pregnancy with your new baby. It may help to look at a calendar when you answer these questions.

3. About how many weeks or months pregnant were you when you were **sure** you were pregnant? (For example, you had a pregnancy test or a doctor or other health care provider said you were pregnant.)
____ Weeks or ____ Months
Mean (6.0 weeks)
Median (5 weeks)
Mode (4 weeks)
Minimum (1 week)
Maximum (38 weeks)
4. Thinking back to **just before** you got pregnant, how did you feel about becoming pregnant?
Check the best answer
G I wanted to be pregnant sooner (16.8%)
G I wanted to be pregnant later (29.0%)
G I wanted to be pregnant then (45.7%)
G I didn't want to be pregnant then or at any time in the future (8.5%)
5. **Just before** you got pregnant, did you have health insurance? (**Don't count Medicaid.**)
G Yes (63.9%)
G No (36.1%)
6. **Just before** you got pregnant, were you on Medicaid?
G Yes (4.0%)
G No (96.0%)
7. When you got pregnant with your new baby, were you or your husband or partner using any kind of birth control? (Birth control means the pill, condoms, diaphragm, foam, rhythm, Norplant, shots (Depo-Provera), or ANY other way to keep from getting pregnant.)
G Yes / **Go to Question 9** (25.6%)
G No / **Go to Question 8** (74.4%)
8. - **only asked of persons who did not use birth control** Why were you or your husband or partner not using any birth control?
Check all that apply
G I wanted to get pregnant (69.2%)
G I didn't think I could get pregnant (10.9%)
G I had been having side effects from the birth control I used (7.2%)
G I didn't want to use birth control (8.7%)
G My husband or partner didn't want to use birth control (5.9%)
G I didn't think I was going to have sex (2.9%)
G Other! Please tell us: (12.9%)

The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, or other health care provider before your baby was born to get check-ups and advice about pregnancy. It may help to look at a calendar when you answer these questions.

9. How many weeks or months pregnant were you when you had your first visit for prenatal care?
Don't count a visit that was only for a pregnancy test or only for WIC (Supplemental Nutrition Program for Women, Infants, and Children).
____ Weeks or ____ Months / **Go to Question 12**
G I didn't go for prenatal care / **Go to Question 10** (0.4%)
Mean (9.2 weeks)
Median (8 weeks)
Mode (8 weeks)
Minimum (1 week)
Maximum (32 weeks)
10. - **only asked of mothers who did not receive prenatal care** Did you want to get prenatal care?
G Yes / **Go to Question 11** (27.3%)
G No / **Go to Question 20** (72.7%)
11. Did any of these things keep you from getting prenatal care?

Check all that apply

- G I couldn't get an appointment
- G I didn't have enough money or insurance to pay for my visits
- G My husband or partner didn't want me to get prenatal care
- G I didn't know that I was pregnant
- G I had no way to get to the clinic or doctor's office
- G I couldn't find a doctor or other health care provider who would take me as a patient
- G I had no one to take care of my children
- G I couldn't get the time off from my job
- G I had too many other things going on
- G Other! Please tell us:

(Number of respondents too small for valid statistics.)

If you did not receive prenatal care / Go to Question 20

If you did receive prenatal care / Go to Question 12

12. - **only asked of mothers who received prenatal care** Did you get prenatal care as early in your pregnancy as you wanted?
G Yes / **Go to Question 14** (84.3%)
G No / **Go to Question 13** (15.7%)
13. - **only asked of mothers who received prenatal care but not as early as wanted** Did any of these things keep you from getting prenatal care as early as you wanted?
Check all that apply
G I couldn't get an appointment earlier in my pregnancy (34.4%)
G I was told by a doctor or other health care provider that I should start prenatal care later in my pregnancy (13.2%)
G My doctor or other health care provider wouldn't see me until I had enough money to pay for visits (12.9%)
G I didn't know that I was pregnant (28.7%)
G I had no way to get to the clinic or doctor's office (2.5%)
G I couldn't find a doctor or other health care provider who would take me as a patient (7.2%)
G I had no one to take care of my children (2.2%)
G I couldn't get the time off from my job (3.4%)
G I had too many other things going on (6.4%)
G Other! Please tell us: (28.1%)
14. - **only asked of mothers who received prenatal care** Did you receive the number of prenatal care visits you wanted?
G Yes / **Go to Question 16** (95.0%)
G No / **Go to Question 15** (5.0%)
15. - **only asked of mothers who received prenatal care but not the number of visits wanted** Did any of these things keep you from getting the number of prenatal care visits you wanted?
Check all that apply
G I didn't have enough money or insurance to pay for my visits (45.4%)
G My provider wouldn't take me until I had enough money to pay for the visits (29.6%)
G I had no way to get to the clinic or doctor's office (5.7%)
G I couldn't get an appointment at the time that would work with my schedule (10.0%)
G I had no one to take care of my children (2.7%)
G I had too many other things going on (16.4%)
G I didn't know, at the time, how many visits I should have (17.2%)
G My provider didn't want to see me more often (14.9%)
G Other! Please tell us: (25.1%)
16. - **only asked of mothers who received prenatal care** During each month of your pregnancy, about how many visits for prenatal care did you have? If you don't know exactly how many, please give us your best guess. It may help to use the calendar. **Don't count visits for WIC or visits for a pregnancy test.**
EXAMPLE
If you had no visits in a month, write 0.
If you had one visit in a month, write 1.
if you cannot remember, or give a best-guess, write 2.

Mean Number of visits		Mean Number of visits	
First month	(0.4)	Sixth month	(1.4)
Second month	(0.8)	Seventh month	(1.7)
Third month	(1.0)	Eighth month	(2.5)
Fourth month	(1.1)	Ninth month	(3.2)
Fifth month	(1.2)	Beyond ninth month	(1.0)

17. - **only asked of mothers who received prenatal care** Where did you go **most** of the time for your prenatal visits? **Don't include visits for WIC.**

Check only one answer

- G Hospital clinic (13.5%)
- G Local health district (4.3%)
- G Private doctor's office (79.9%)
- G Community/Migrant Health Center (1.6%)
- G Indian Health Center (0.2%)
- G Other ! Please tell us: (0.5%)

18. - **only asked of mothers who received prenatal care** How was your prenatal care paid for?

Check all that apply

- G Medicaid (32.1%)
- G Personal income (cash, check, or credit card) (44.8%)
- G Health insurance or HMO (56.2%)
- G The military (2.3%)
- G The Indian Health Service (0.4%)
- G I still owe money on my bill (16.7%)
- G Other ! Please tell us: (2.2%)

19. - **only asked of mothers who received prenatal care** During any of your prenatal care visits, did a doctor, nurse, or other health care provider talk with you or give you information about any of the issues listed below?

- a. What you should eat during your pregnancy (86.5%)
- b. The importance of taking vitamin supplements during your pregnancy (95.4%)
- c. Which kinds of medicine are safe to take during your pregnancy (91.2%)
- d. The importance of dental care during pregnancy (38.9%)
- e. How your baby grows and develops during your pregnancy (90.0%)
- f. How drinking alcohol during pregnancy could affect your baby (81.7%)
- g. How smoking during pregnancy could affect your baby (81.9%)
- h. How using illegal drugs could affect your baby (78.7%)
- i. Tests in early pregnancy to see if your baby had a birth defect or genetic disease (87.7%)
- j. How to keep from getting HIV (the virus that causes AIDS) (53.0%)
- k. Getting your blood tested for HIV (the virus that causes AIDS) (74.7%)
- l. Getting tested for group B Strep infection (84.1%)
- m. Physical abuse to women by their husband or partner (25.7%)
- n. What to do if your labor starts early (81.7%)
- o. The benefits of breast-feeding your baby (86.5%)
- p. Birth control methods to use after your pregnancy (88.9%)

20. During your pregnancy, were you on the WIC program (Supplemental Nutrition Program for Women, Infants, and Children)?

- G Yes (33.8%)
- G No (66.2%)

21. **Just before** you got pregnant, how much did you weigh?

- _____ Pounds
- G I don't know
- Mean (145.0)
- Median (138)
- Mode (120)
- Minimum (85)
- Maximum (295)

22. How tall are you without shoes?

- _____ Feet _____ Inches
- Mean (5'4")
- Median (5'5")
- Mode (5'4")
- Minimum (4'0")
- Maximum (7'8")

23. **Just before** delivery, how much did you weigh?

- _____ Pounds
- G I don't know
- Mean (176.5)
- Median (173)
- Mode (180)
- Minimum (95)
- Maximum (316)

24. Were you taking vitamin supplements **during the three months prior** to becoming pregnant?

- G Yes (32.1%)
- G No (67.9%)

25. Did you take vitamin supplements during your pregnancy?

- G Yes (91.5%)
- G No (8.5%)

26. Have you ever heard or read that taking folic acid can help prevent some birth defects?

- G Yes (75.8%)
- G No (24.2%)

The next questions are about smoking cigarettes and drinking alcohol. Please remember that all your answers are confidential.

27. Have you smoked at least 100 cigarettes in your entire life?

- G Yes ! **Go to Question 28** (36.0%)
- G No ! **Go to Question 31** (64.0%)

28. - **only asked of mothers who smoked 100 cigarettes in entire life** In the **3 months before** you got pregnant, how many cigarettes or packs of cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)

- _____ Cigarettes or _____ Packs
- G Less than 1 cigarette a day
- G I didn't smoke (31.9%)
- G I don't know
- Mean (12.8)
- Median (10)
- Mode (20)
- Minimum (.5)
- Maximum (60)

(Measures based on any report of smoking including less than 1 cigarette a day. The responses for less than 1 cigarette a day were assigned 0.5 cigarettes.)

29. - **only asked of mothers who smoked 100 cigarettes in entire life** In the **last 3 months** of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)

- _____ Cigarettes or _____ Packs
- G Less than 1 cigarette a day
- G I didn't smoke (65.8%)
- G I don't know
- Mean (7.7)
- Median (5)
- Mode (10)
- Minimum (0.5)
- Maximum (60)

(Measures based on any report of smoking including less than 1 cigarette a day. The responses for less than 1 cigarette a day were assigned 0.5 cigarettes.)

30. - **only asked of mothers who smoked 100 cigarettes in entire life** How many cigarettes or packs of cigarettes do you smoke on an average day **now**?

- _____ Cigarettes or _____ Packs
- G Less than 1 cigarette a day
- G I don't smoke
- G I don't know
- Mean (11.8)
- Median (10)
- Mode (10)
- Minimum (0.5)
- Maximum (60)

(Measures based on any report of smoking including less than 1 cigarette a day. The responses for less than 1 cigarette a day were assigned 0.5 cigarettes.)

31. During the **3 months before** you got pregnant, how many alcoholic drinks did you have in an average week? (A drink is: one glass of wine, one wine cooler, one can or bottle of beer, one shot of liquor, or one mixed drink.)

- G I didn't drink then (60.4%)
- G Less than 1 drink a week (23.8%)
- G 1 to 3 drinks a week (9.7%)
- G 4 to 6 drinks a week (4.2%)
- G 7 to 13 drinks a week (1.3%)
- G 14 or more drinks a week (0.6%)
- G I don't know

32. During the **last 3 months** of your pregnancy, how many alcoholic drinks did you have in an average week?

- G I didn't drink then (96.8%)
- G Less than 1 drink a week (3.1%)
- G 1 to 3 drinks a week (0.1%)
- G 4 to 6 drinks a week (0.0%)
- G 7 to 13 drinks a week (0.0%)
- G 14 or more drinks a week (0.0%)
- G I don't know

The next questions are about physical abuse. Physical abuse means pushing, hitting, slapping, kicking, or any other way of physically hurting someone.

33. During the **12 months before you got pregnant** with your new baby, did any of these people physically abuse you?

Check all that apply

- G My husband or partner (3.1%)
- G A household member **other than** my husband or partner (0.0%)
- G A friend or relative not living with me (0.3%)
- G Someone else ! Please tell us their **relationship** to you (**not their name**): (2.2%)
- G No one physically abused me during the 12 months before I got pregnant (94.4%)

34. **During your most recent pregnancy**, did any of these people physically abuse you?

Check all that apply

- G My husband or partner (2.0%)
- G A household member **other than** my husband or partner (0.1%)
- G A friend or relative not living with me (0.1%)
- G Someone else ! Please tell us their **relationship** to you (**not their name**): (2.0%)
- G No one physically abused me during my pregnancy / **Go to Question 36** (95.8%)

35. **During your most recent pregnancy**, would you say that you were physically abused **more** often, **less** often, or **about the same** compared with the **12 months before** you got pregnant?

Check only one answer

- G I was physically abused **more** often during my pregnancy
 - G I was physically abused **less** often during my pregnancy
 - G I was physically abused **about the same** during my pregnancy
 - G No one physically abused me during the **12 months before** I got pregnant
- (Due to a survey skip pattern error, the responses to this question are not valid.)*

The next questions are about your labor and delivery.

36. After the birth of your baby, how many nights did you stay in the hospital/birthing center?

_____ Nights

- G I didn't stay overnight in the hospital/birthing center (3.8%)
- G I didn't have my baby in a hospital/birthing center (1.0%)
- Mean (1.7)
- Median (2)
- Mode (1)
- Minimum (0)
- Maximum (21)

37. After your baby was born, how many nights or weeks did he or she stay in the hospital/birthing center?

_____ Nights or _____ Weeks

- G My baby didn't stay overnight in the hospital/birthing center (4.7%)
- G My baby wasn't born in a hospital/birthing center (1.0%)
- Mean (2.4)
- Median (2.0)
- Mode (1)
- Minimum (0)
- Maximum (112)

38. After your baby was born, was he or she put in an intensive care unit?

- G Yes, in the same hospital (7.9%)
- G Yes, transferred to another facility (1.1%)
- G No / **Go to Question 40** (91.0%)

39. If your baby was placed in an intensive care unit, were you told about community support programs like the Infant Toddler Program or the Children's Special Health Program?

- G Yes (24.7%)
- G No (75.3%)

40. How was your delivery paid for?

Check all that apply

- G Medicaid (34.7%)
- G Personal income (cash, check, or credit card) (41.2%)
- G Health insurance or HMO (55.8%)
- G The military (2.3%)
- G The Indian Health Service (0.3%)
- G I still owe money on my bill (2.5%)

G Other ! Please tell us: (20.8%)

The next questions are about breast-feeding your new baby.

41. Have you ever breast-fed your new baby?

- G Yes ! **Go to Question 43** (85.4%)
- G No ! **Go to Question 42** (14.6%)

42. - **only asked of mothers who did not breastfeed** What were your reasons for **not** breast-feeding?

Check all that apply

- G I didn't want to breast-feed (53.7%)
- G I didn't know how to breast-feed (6.8%)
- G I had to go to work or school (22.0%)
- G I think it's better for my baby to be bottle-fed (7.7%)
- G It takes too much time to breast-feed (3.1%)
- G I was taking medicine (8.9%)
- G My baby wasn't with me (4.2%)
- G Other ! Please tell us: (11.5%)

*If you **have never** breast-fed your new baby ! **Go to Question 48***

*If you **have** breast-fed your baby ! **Go to Question 43***

43. - **only asked of mothers who ever breast-fed their baby** Are you currently breast-feeding your baby?

- G Yes ! **Go to Question 44** (44.9%)
- G No ! **Go to Question 45** (55.1%)

44. If you are **currently** breast-feeding your baby, how long do you plan to continue?

_____ more days or _____ more months

G I don't know

(Data need to be controlled for age of child. Contact the Bureau for additional information.)

45. After leaving the hospital/birthing center, who gave you the best support or most helpful information about breast-feeding? (Or, if baby not delivered in the hospital/birthing center, After the delivery period@)

Check only one answer

- G Doctor (4.4%)
- G WIC (8.2%)
- G Friends (2.9%)
- G Family (13.2%)
- G LaLeche League (2.8%)
- G Breast-feeding specialist (13.2%)
- G Hospital nurses (20.9%)
- G I needed help and didn't get any (2.9%)
- G I didn't need any help (24.9%)
- G Other ! Please tell us: (6.8%)

*If you are **currently** breast-feeding ! **Go to Question 48***

*If you are **not currently** breast-feeding ! **Go to Question 46***

46. If you have breast-fed your baby and stopped, how many days, weeks or months did you breast-feed?

_____ Days or _____ Weeks or _____ Months

(Data need to be controlled for age of child. Contact the Bureau for additional information.)

47. - **only asked of mothers who have discontinued breastfeeding their new baby** What were your reasons for stopping breast-feeding?

Check all that apply

- G I didn't want to keep breast-feeding (13.7%)
- G I had to go to work or school (27.9%)
- G I tried, but my baby didn't breast-feed very well (27.2%)
- G I didn't have enough milk (32.5%)
- G I felt it was the right time to stop (17.5%)
- G My baby wasn't with me (1.6%)
- G I was taking medicine (5.1%)
- G Other ! Please tell us: (32.7%)

The next questions are about being at home with your new baby.

48. Did you bring your new baby home in a car seat?

- G Yes (98.5%)
- G No (1.5%)

49. About how many hours a day, on average, is your new baby in the same room with someone who is smoking?

- G Some exposure (3.3%)

_____ Hours

- G My baby is never in the same room with someone who is smoking (93.8%)

- G I don't know (2.9%)

Mean (0.1)

Median (0)

Mode (0)

Minimum (0)

Maximum (16)

50. How do you put your new baby down to sleep **most** of the time?

Check only one answer

- G On his or her side (28.4%)

- G On his or her back (63.2%)

- G On his or her stomach (8.4%)

- G I don't know

51. About how many times has your baby been to a doctor or nurse for **routine** well-baby check-ups? **Don't count the times you took your baby for care when he or she was sick or visits only for immunizations. It may help to use a calendar.**

_____ Times / **Go to Question 52**

G My baby hasn't been for routine well-baby check-ups / **Go to Question 53 (5.5%)**

Mean (3.2)

Median (3)

Mode (3)

Minimum (0)

Maximum (20)

52. When your baby goes for **routine** well-baby check-ups, where do you take him or her?

Check all the places that you use

- G Hospital clinic (12.5%)

- G Local health district (5.7%)

- G Private doctor's office or HMO (76.8%)

- G Community or Migrant Health Center (2.2%)

- G Military facility (2.1%)

- G Other! Please tell us: (4.3%)

53. What, if anything, prevented your baby from having routine well-baby check-ups?

Check all that apply

- G I didn't have enough money or insurance to pay for it (6.8%)

- G I couldn't get an appointment (0.8%)

- G I had no way to get the baby to the clinic or office (1.8%)

- G I didn't have anyone to take care of my other children (1.1%)

- G I didn't know where to go (0.8%)

- G I didn't know about routine well-baby check-ups (3.2%)

- G Nothing prevented my baby from having routine well-baby check-ups (61.3%)

- G Other! Please tell us: (20.0%)

54. What, if anything, kept your baby from getting care as many times as you wanted when he or she was sick?

Check all that apply

- G I didn't have enough money or insurance to pay for it (4.1%)

- G I couldn't get an appointment (1.3%)

- G I couldn't take off from work (0.6%)

- G I had no way to get to the clinic or doctor's office (0.7%)

- G I didn't have anyone to take care of other children (0.4%)

- G My baby got care as many times as I wanted (66.4%)

- G My baby has never been sick (19.6%)

- G Other reason! Please tell us: (11.2%)

55. After leaving the hospital/birthing center, who gave you the best support or most helpful information about immunizations? (Or, if baby not delivered in the hospital/birthing center, after the delivery period@)

Check only one answer

- G Doctor (47.9%)

- G WIC (6.8%)

- G Friends (0.4%)

- G Family (3.2%)

- G Local Health District (5.6%)

- G Division of Health (1.1%)

- G Hospital nurses (9.2%)

- G I needed help and didn't get any (0.3%)

- G I didn't need any help (20.8%)

- G Other! Please tell us: (4.6%)

56. Are your baby's immunizations (shots) up to date according to the immunization schedule?

- G Yes! **Go to Question 58** (89.5%)

- G No! **Go to Question 57** (10.5%)

- G I don't know! **Go to Question 57**

57. If no or don't know, why?

Check all that apply

- G I didn't have enough money or insurance to pay for it (13.4%)

- G I couldn't get an appointment (2.3%)

- G I had no way to get the baby to the clinic or office (12.0%)

- G I didn't have anyone to take care of my other children (6.9%)

- G I didn't know where to go (2.3%)

- G I don't know what is recommended on the schedule (2.6%)

- G I had too many other things going on (22.3%)

- G I don't think immunizations are safe (24.1%)

- G Other! Please tell us: (52.1%)

The next questions provide some background information about your family and yourself.

58. How many people live in your household? **Count yourself.**

How many?	Mean	Minimum	Maximum
Maximum			
Children less than 5 years old	1.7	1	6
Children 5 through 17 years old	0.7	0	9
Adults 18 years old or older	1.9	1	8

59. Are you of Hispanic origin?

- G Yes (11.8%)

- G No (88.2%)

60. What is your race?

- G White (91.5%)

- G Black (0.2%)

- G Asian or Pacific Islander (0.9%)

- G American Indian or Alaskan Native (0.7%)

- G Other! Please tell us: (6.8%)

61. Are you currently:

- G Married (83.0%)

- G Divorced (2.2%)

- G Widowed (0.1%)

- G Separated (1.6%)

- G Never been married (5.8%)

- G A member of an unmarried couple (7.3%)

62. In the twelve months before your delivery, what was your **total household income** from all sources, before taxes.

- G Less than \$10,000 (16.4%)

- G \$10,000 to \$14,999 (12.0%)

- G \$15,000 to \$19,999 (9.4%)

- G \$20,000 to \$24,999 (11.1%)

- G \$25,000 to \$34,999 (15.7%)

- G \$35,000 to \$49,999 (16.9%)

- G \$50,000 to \$74,999 (12.5%)

- G \$75,000 or more (6.0%)

Note: Aggregated data shown on the graph on page 23 may differ due to rounding.

Your answers are strictly confidential. Thank you for your help with this survey.

APPENDIX

APPENDIX DEFINITIONS OF TERMS

AGE OF MOTHER:

Age of mother at time of delivery. It is a calculated field based on mother's date of birth and birth date of infant.

BIRTH WEIGHT:

Very low birth weight live birth: live birth weight of less than 1,500 grams (3 pounds 4 ounces or less).

Low birth weight live birth: live birth weight of less than 2,500 grams (5 pounds 8 ounces or less).

Normal birth weight live birth: live birth weight of 2,500 grams or more (5 pounds 9 ounces or more).

Low birth weight rate: number of low birth weight live births per 100 live births.

BODY MASS INDEX (BMI):

BMI is defined as weight in kilograms divided by the square of height in meters. Low or underweight is defined as a BMI less than 19.8; normal weight is defined as a BMI of 19.8 to 24.9; high or overweight is defined as BMI of 25.0 or higher.

EDUCATIONAL ATTAINMENT FOR AGE OF MOTHER:

Low educational attainment for age: two or more years below expected grade level for females aged 17 years or younger; less than 12 years of education for females aged 18 years or older.

Average educational attainment for age: within one year of expected grade level for females aged 17 years or younger; 12 years of education for females aged 18 years or older.

High educational attainment for age: two or more years above expected grade level or females aged 17 years or younger; 13 or more years of education for females aged 18 years or older.

MOTHER'S AGE	EXPECTED EDUCATION LEVEL	MOTHER'S AGE	EXPECTED EDUCATION LEVEL
10	4	15	9
11	5	16	10
12	6	17	11
13	7	18+	12
14	8		

ETHNICITY OF MOTHER:

Mother's ethnicity is based on the "mother of Hispanic origin" question on the birth certificate.

MARITAL STATUS OF MOTHER:

Marital status indicates whether the mother was married (at the time of conception, at the time of delivery, or at any time between conception and delivery). The marital status field must be completed on the Idaho Certificate of Live Birth.

SMALL-FOR-GESTATIONAL AGE (SGA)

Live birth where birth weight is below 10th percentile of birth weight for gestational age reference curve.

Percentile based on the U.S. 1991 SGA reference curve.

Source: Bureau of Vital Records and Health Statistics, Division of Health, Idaho Department of Health and Welfare, 2001.

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